Guidelines
for Youth Health Centres
in Nova Scotia

- Developing *and* Maintaining Partnerships
- Orientation *and* Continuing Education
- Policies *and* Procedures *for* Services
- Informed Consent *and* Privacy

NOVA SCOTIA
Health Promotion and Protection

Guidelines
for Youth Health Centres
in Nova Scotia

Additional copies of the *Guidelines for Youth Health Centres in Nova Scotia* may be obtained by contacting:

Heather Christian (Chair)
Public Health
Nova Scotia Health Promotion and Protection
P.O. Box 487
Halifax Nova Scotia
B3J 2R7
Phone: (902) 424-5869
or online at: www.gov.ns.ca/HPP

Photographs provided by the Halifax Regional School Board and district Public Health Services

Design: Derek Sarty, Gaynor Sarty Design

ISBN: 1-55457-007-8

Guidelines
for Youth Health Centres
in Nova Scotia

- Developing *and* Maintaining Partnerships
- Orientation *and* Continuing Education
- Policies *and* Procedures *for* Services
- Informed Consent *and* Privacy

Introduction

In 2004, the Department of Health implemented system wide provincial standards for youth health centres (YHCs). These standards provide a framework for developing and measuring the success of YHC policies, services and supports. To help YHCs implement these system wide standards, four companion documents have been created, that provide guidelines about:

- Developing and Maintaining Partnerships
- Orientation and Continuing Education
- Policies and Procedures for Services
- Informed Consent and Privacy

These documents are not stand alone educational tools. They complement the concepts and philosophies shared in the standards document. Some of the language used in the guidelines documents may be new and unfamiliar. Reviewing the guidelines documents with staff, volunteers and youth will hopefully help YHCs further their understanding and exploration of these topics. Every YHC is unique, and will tailor its policies, services and supports to meet the diverse social and cultural needs of its community. The word 'community' can refer to a geographic community, a school community, or a community of shared interests. For this reason, the purpose of these documents is to support YHCs in the development of policies, services and supports, rather than to provide one single approach that will work for all YHCs.

While the federal government has a unique relationship with Aboriginal people based on constitutional and fidiciary obligations, the province of Nova Scotia also has a responsibility for the delivery of health care services. As Federal, Provincial and First Nations governments, DHAs and CHBs continue to work together in Nova Scotia to identify gaps and find ways to address the needs of all people living in the province, YHCs should also be mindful of their role in addressing the needs of Aboriginal youth regardless of where they live in Nova Scotia.

Youth Centred Approach

The system wide, provincial standards for youth health centres were developed to support a youth-centred approach.

As defined in the standards:

A youth-centred approach means that youth are engaged. Youth engagement is when youth meaningfully participate in all aspects of the youth health centre, including governance, program planning and implementation, evaluation, building partnerships, and communication. Youth health centres deliver programs and services in response to the needs and interests of youth. In addition to youth being involved and having a sense of ownership in youth health centres, literature suggests that there is a strong link between engagement and positive health outcomes.

The standards document also notes:

A truly youth centred environment enables young people to act as initiators and to share the decision making process with adults. Most importantly, engaged youth assure that the decisions made concerning youth health centres accurately reflect the needs of the young people they serve.

When implementing the system wide standards and developing policies, services and supports, youth health centres need to ensure full participation by youth in the process.

Table of Contents

Introduction i

Developing *and* Maintaining Partnerships

Developing and Maintaining Partnerships 1
Partnerships 1
- What is a Youth-Centred Partnership? 1

Factors Influencing the Success of Partnerships 3
- Having Common Interests or Concerns 3
- Understanding the Partnership Environment 3
- Understanding What the Partnership Involves 4
- Being Open to Doing Things Differently 4

Is Your Community Ready for a YHC Partnership? 5
- Partnership Readiness 5
- Community/School Readiness 5
- Organizational Readiness 5

Creating a Successful Partnership for Youth Health Centres 6
- Step 1: Making the Initial Contact 6
- Step 2: Getting Commitment to Proceed 7
- Step 3: Identifying the Purpose 7
- Step 4: Developing Goals and Setting Objectives 8
- Step 5: Creating the Partnership Agreement 8
- Step 6: Communicating About and Using the Partnership Agreement 9

Maintaining the Partnership 10
- Special Considerations for Maintaining Partnerships With Schools 10
- Keeping it Youth Centred 11

Appendices 12
- Appendix 1: Sample Template for a Partnership Agreement 12
- Appendix 2: Sample Partnership Agreement 14
- Appendix 3: Partnership Resources 17

End Notes 18
Acknowledgements 19

Orientation *and* Continuing Education

Orientation and Continuing Education 21
The Benefits of Orientation for YHCs 21
Orientation Practices for New Providers or Volunteers of YHCs 22

Creating the Orientation Checklist(s) 22
Using the Orientation Checklist(s) 23
Special Consideration for Participartion in Steering Committees and Advisory Committees 24
Steering Committee Orientation 24
Advisory Committee Orientation 25
The Benefits of Continuing Education 27
Continuing Education Practices for Staff of YHCs 27
Appendices 30
Appendix 1: Suggested Elements for a YHC Orientation Checklist 30
Appendix 2: Samples of Orientation Checklist Templates 31
Appendix 3: Website Resources for Orientation and/or Continuing Education 37
Appendix 4: Terms of Reference Topic Areas 40
End Notes 41
Acknowledgements 42

Policies *and* Procedures *for* Services

Policies and Procedures for Services 43
Developing Policies and Procedures for Services 43
Delegated Medical Functions and Medical Directives 46
Appendices 47
Appendix 1: YHC Existing Policies and Procedures 47
End Notes 49
Acknowledgements 50

Informed Consent *and* Privacy

Informed Consent and Privacy 51
Consent Issues 51
What is Informed Consent? 51
YHC Informed Consent Example 53
Mature Minors 54
Emancipated Minors 55
Substitute Decision Makers for Youth 55
Privacy Issues 57
Confidentiality 57
Privacy Legislation 58
Appendices 60
Appendix 1: Excerpts from Provincial Acts in Nova Scotia 60
End Notes 65
Acknowledgements 66

Developing *and* Maintaining Partnerships

Some YHCs may be just beginning to develop and implement partnerships while others may be writing or revising partnership agreements. This document might be used by YHCs as they create an initial partnership agreement, or it may be used as a tool to enhance a partnership agreement that already exists.

Partnerships

A partnership is a relationship of two or more organizations and/or individuals who agree to work together to achieve a common goal. As described in *The Partnership Handbook*[1], "partnerships are about people working together in a mutually beneficial relationship" often doing things together that they might not be able to achieve alone. In partnerships, there is **sharing** of:

- Resources;
- Responsibility;
- Decision-making;
- Accountability; and
- Rewards.

In a partnership, each of the partners has their own identity outside of the partnership. Each partner also engages in activities that are independent of the partnership. For this reason it is very important for all members of a partnership to clearly understand their role, responsibility, authority, resource contribution and potential risks within the context of the partnership[2].

What is a Youth-Centred Partnership?

The provincial standards for youth health centres were developed to support a youth-centred approach. As defined in the standards: "A youth-centred approach means that youth are *engaged*. Youth engagement is when youth meaningfully participate in all aspects of the youth health centre, including governance, program planning and implementation, evaluation, building partnerships, and communication. Youth health centres deliver programs and services in response to the needs and interests of youth. In addition to youth being involved and having a sense of ownership in youth health centres, literature suggests that there is a strong link between engagement and positive health outcomes."

The standards document goes on to state that a "truly youth centred environment enables young people to act as initiators and to share the decision making process with adults. Most importantly, engaged youth assure that the decisions made concerning youth health centres accurately reflect the needs of the young people they serve."

When developing partnerships for YHCs, it is important to take a youth-centred approach. Youth need to be involved in developing the original YHC concept. They need to help identify and meet with potential partners. Youth should participate actively in all aspects of YHC partnerships.

To maintain a youth-centred approach, you need to ensure that the partnership considers ways of supporting full participation by youth (e.g. such as holding partnership meetings at times and locations that are accessible by youth).

Factors Influencing the Success of Partnerships

The Partnership Handbook[1] identifies four conditions that support effective partnerships:

- Having common interests or concerns;
- Understanding the partnership environment;
- Understanding what a partnership involves; and
- Being open to doing things differently.

Each of these four conditions is described more in detail below.

Having Common Interests or Concerns

In their research about factors that influence the success of collaborative efforts, Mattessich and Monsey[3] identified several factors for effective partnerships. Many relate to having common interests or concerns.

- First, they found that it is critical for all partners to share a stake in both the way the partnership works and the outcomes that the partnership achieves. In the context of YHCs, this means that all partners participate equally in establishing the YHC, monitoring its ongoing operations and evaluating its outcomes.
- Second, partners must share the same vision and develop a clearly understood purpose, goals, and objectives. Partners need to agree on goals and objectives that are concrete and realistically attainable.
- Third, the purpose and goals of the partnership need to be unique. In other words, the purpose of the partnership is different from the purposes of all of the participating individual organizations. There may be some overlap, but successful partnerships have their own unique purpose and sphere of activity.
- Finally, having an appropriate cross-section of members with a common interest is important in any partnership. A dynamic partnership results from involving people and organizations from different sectors, backgrounds, interests, abilities, ages and cultures, all working toward a common purpose.

Understanding the Partnership Environment

All partnerships, including the partnerships that support YHCs, exist within a broader environment that impacts on the success of the partnership. Support from political, social and cultural leaders in the community is essential to the success of a partnership. If the right climate does not exist at the beginning of the partnership, the partners need to find ways to improve the climate so that community political and opinion leaders support the YHC, or at least, do not oppose it.

It is also important for partners to understand as much about each other as possible. Every organization has its own culture, language, processes, structures and external pressures. Successful collaboration occurs when all members of a partnership understand and respect each other — how their organization operates, their organizational culture, limitations and expectations of participating in the partnership.

Understanding What the Partnership Involves

Partners need to discuss their roles, rights, and responsibilities. They must reach agreement about these issues and clearly communicate them to all relevant parties. One way of communicating effectively about roles, rights and responsibilities is through a document called a *partnership agreement*. A partnership agreement is a contract between two or more people or organizations that describes what each party contributes to the partnership, how the partnership will be managed and how the benefits from the partnership will be shared. In the case of a business, sharing benefits usually means sharing profits. In the case of a non-profit partnership such as a YHC, sharing of benefits might include such things as sharing public recognition for the successes of the partnership, or sharing in the success of improving youth health.

Every partner contributes resources to the partnership. It is important that members of the partnership value the contributions of all members. Contributions can include expertise, volunteer time, money and in-kind contributions. All of these contributions are necessary to support YHCs and are equally valuable.

In developing an understanding of what a partnership involves, partners also need to realize that compromise is an important part of partnering. Many decisions within a partnership cannot meet all of the needs and priorities of all partners, which means that participating organizations need to give their representatives some flexibility in decision-making processes about the partnership. It is important that partners agree early in their development phase about a process for conflict resolution when agreement or compromise can not be reached.

Ultimately, a partnership involves sharing responsibilities, resources and decision-making. It is very important that all partners have a clear understanding at the beginning of their relationship how responsibilities and resources are shared and allocated among the partners.

Being Open to Doing Things Differently

As described in *The Partnership Handbook*[1], "creating a partnership does not mean 'business as usual.' It means you have committed to a different approach and structure for working with others to achieve a common purpose." New working relationships and new ways of working will be created to support the partnership, resulting in both expected and unexpected changes. The members of the partnership need to remain flexible and open to considering different ways of organizing the partnership and accomplishing the intended work.

Is Your Community Ready for a YHC Partnership?

Answering the following questions may help potential partners in a community decide if the time is right for developing a partnership to develop and implement a YHC. These questions are adapted from *The Partnership Handbook*. The answers to these questions will help identify areas that need additional work before a partnership is formed.

Partnership Readiness

1. Is there a group of individuals or organizations interested in youth health issues?
2. Are those people interested in and able to work together?
3. Will the proposed partnership add value to existing activities within the community?
4. Are potential partnership members open to change and doing things differently?
5. Do potential partners have a common understanding about what a partnership is?

Community/School Readiness

1. Is there a community plan in place into which partnership activities might fit?
2. To what extent is there support for this partnership from the community, other organizations and youth?
3. Would the partnership benefit the community? How?
4. Is there likely to be any resistance to the partnership? If so, what sort of resistance and from whom?
5. Is the political climate supportive of the partnership?
6. Who are the individuals or organizations that should be involved in the partnership, and how should they be involved?

To ensure YHCs are youth centred and attentive to the needs of socially and culturally diverse communities, it would be beneficial, and in keeping with a desire to build a culturally competent organization, to invite additional potential partners into the development process beyond the initial individuals or organizations that come forward.

Organizational Readiness

Organizations considering entering into partnership arrangements should ask themselves the following questions:

1 Do the organization's mandate and values fit with the proposed purpose of the partnership?

2. What resources will the organization contribute to the partnership?
3. How will the partnership benefit the organization and vice versa?
4. Is there someone within the organization who has the time available to represent the organization in the partnership?
5. Is there any reason why the organization would not want to be involved in the partnership?

Creating a Successful Partnership for Youth Health Centres

This section provides a series of steps to assist in the creation of a successful youth health centre.

Step 1: Making the Initial Contact

To find potential partners, it is helpful to consider current and previous working relationships. In many instances, schools and community agencies already have good working relationships that can form the foundation of a new partnership or may even provide leads to new partners.

Core partners include:

- Students/youth
- Schools and school boards
- District health authorities

Additional partners could include:

- Community agencies that work with youth
- Colleges and universities
- Local businesses
- Cultural organizations
- Youth advocates
- Faith communities

When identifying potential partners, look to ensure you have invited individuals and/or organizations that are reflective of the diverse communities your YHC may serve. Partners working with youth should aim to include individuals and/or organizations reflective of persons with disabilities, people of different races, ethnicities, linguistic backgrounds, and with a range of sexual orientations and spiritual and/or faith traditions.

It is useful to find out as much as you can about potential partner organizations before making initial contact with them. By learning about their current activities and community involvement, you can get a better sense of how your idea for a YHC partnership fits with their current interests.

If possible, it is usually best to make initial contacts with potential partners "slowly and socially[4]." Rather than an initial formal presentation of your idea, it is often more productive to meet more informally, such as at a community event, to introduce yourself, your organization and the general concept of a partnership and its potential purpose. In some cases this will not be possible and a more formal first meeting will need to be arranged. Such a meeting should be focused on sharing information about both your and the potential partner's organization and sharing your ideas about the potential partnership to improve youth health. The importance of a youth-centred approach can be demonstrated by ensuring that youth are involved in the first meetings with potential partners.

It is important to show your own commitment to the potential partnership by clearly describing what your organization hopes to be able to contribute. Specifically describing what you think the potential partner could bring to the partnership and the benefits that they will experience by participating in the partnership will help them assess their own interest in participating. The first contact gives you a chance to gauge the interest of the potential partner in exploring the partnership concept further in a future meeting.

The Community Tool Box offers many free resources on their web site about how to encourage involvement in community work, including strategies for contacting potential partners including key influential community members and ideas for involving people who will be most affected by the partnership, such as youth and parents. These resources can be found at the web site: http://ctb.ku.edu/tools/en/chapter_1006.htm.

You might also consider contacting one of the many existing YHCs throughout Nova Scotia, to learn about their partnership agreements with their community partners.

Step 2: Getting Commitment to Proceed

Once partners with an interest in creating a YHC have been identified, a meeting can be arranged to provide a chance for all parties including youth to explore the concept together. During the meeting, the concept for the partnership can be presented and each potential partner can describe their expectations of the partnership and what potential contribution they could make to support the YHC. It is at this meeting, or soon thereafter, that a commitment to proceed is made by all interested partners. This is a philosophical commitment as well as a commitment of resources and time to pursue a more formalized agreement.

The National Mentoring Center in the United States provides a useful workshop outline and resources that can be used for a first meeting among partners. Their *Forming Partnerships* manual can be found on their web site at the following address: http://www.nwrel.org/mentoring/topic_partnerships.html. From this web page click on "Module 4: Forming and Maintaining Partnerships" to download the resource.

Step 3: Identifying the Purpose

At this stage the common purpose of the partnership is determined. Developing the purpose for the partnership should begin with a discussion to clarify the needs of each of the partners to ensure that the joint purpose addresses the needs of each partner. Information about youth and partner needs can be gathered in a number of different ways agreed upon by the partners, such as a written questionnaire, a focus group, or group brainstorming sessions.

The purpose should describe what the partnership hopes to accomplish. It should be written in plain language that is understood by youth and all of the potential partners. The Community Toolbox lists several criteria for an effective purpose, suggesting that a good purpose statement is:

- Clear about what is going to be done and why
- Concise—often only one sentence long
- Outcome oriented
- Flexible—it leaves open a variety of possible means to achieve the purpose
- Inclusive—it reflects the voices of all of the people who are involved, especially youth[5].

Step 4: Developing Goals and Setting Objectives

The goals of the partnership state what the partnership plans to accomplish. Goals reflect the vision and values of all partner organizations. To ensure realistic and achievable goals, try and limit the maximum number to five.

Objectives are statements that indicate how the partnership will achieve the goals. Objectives:

- Are stated in terms of end results and are action oriented.
- Are clearly connected to the purpose and goals.
- Should be S.M.A.R.T.

  Specific

  Measurable

  Achievable

  Relevant to the purpose

  Timed (meaning that there is a date by which each objective will be achieved)

Step 5: Creating the Partnership Agreement

Once the objectives are established, partners need to identify their specific roles and responsibilities in achieving the objectives. Each partner needs to make commitments that are realistic for their particular organization. There will be some partners who will contribute types of resources that will require a written agreement (e.g. money, staff). A written agreement will also be needed to cover issues of liability.

Partnership agreements are written documents that clearly outline the roles and contributions of all partners. Partnership agreements can take many different forms, however they generally cover the following topics:

- Purpose, goals and objectives of the partnership
- Name of the partner organizations and what each organization has agreed to contribute to the partnership
- Responsibility for the financial and legal aspects of the partnership
- Process for conflict resolution
- Criteria that will be used to evaluate the partnership and the frequency of the evaluation cycle
- Communication responsibilities and processes, both internally among the partners and external to the partnership
- Signatures of people who represent the partners

Appendix 1 contains a template of a partnership agreement adapted from a model provided by the National Mentoring Center, as well as an example of a partnership agreement for a YHC within the Chignecto Central Regional School Board.

It may take several drafts and revisions to create a partnership agreement that satisfies the needs of all partners. In some cases, partner organizations may have legal departments that will need to review the draft agreement and propose changes. When planning an implementation time frame for a new YHC, it is important to ensure that enough time is allowed for multiple revisions of a partnership agreement.

Partnership agreements should be written in language that is understandable by all partners (including those who do not have a legal background). The partnership agreement should be easily understood by youth. If the legal departments of participating partners require the use of complex legal language in the partnership agreement, a plain language translation should be written and distributed to all partners.

Step 6: Communicating About and Using the Partnership Agreement

Once the partnership agreement is developed and signed, it is important that all partners understand the content of the agreement. You may want to consider holding an information session for partners, staff and other stakeholders to explain the agreement. The information session could include discussion about:

- What is the role and responsibilities of the Steering Committee and Advisory Committee?
- Accountability (what is it and how does it work as described in the partnership agreement)?
- How are decisions that affect the work of the YHC made?
- Confidentiality (what it is and what are the requirements of confidentiality for all Committee members, staff and other people associated with the YHC)?
- How will communication happen between partners and between committees?

Maintaining the Partnership

People who have been involved in partnerships have identified a number of practices that are essential for developing trust, and building and nurturing partnerships[4].

1. **Communicate** regularly. Assign one person in each partner organization to be the liaison for the partnership. This will help ensure that the lines of communication remain open.
2. Each partner organization should ensure that they **fulfill any promises** they have made to the partnership.
3. Be persistent, but not annoying, in **following-up on unfulfilled commitments** made by partner organizations.
4. **Be flexible.** Do not expect everything to go exactly as you planned. Be willing to adapt to change.
5. **Address and resolve problems as soon as they arise.** As you work together to resolve problems, recognize and respect the validity of your partners' experiences and points of view.
6. Whenever practical, **encourage staff or members of the partner organization to serve on your board or committees.** Similarly, encoerage staff or volunteers in your organization to contribute services to your partner organization.
7. Give the partner organizations **public recognition** for their contributions to make sure the partnership is under stood by the wider community.
8. Remember that **partnerships between organizations often depend on particular individuals** within each organzation**.** If the key person in your partner organization changes jobs or changes point of view, you may need to rebuild the partnership. It is important to plan for this type of change (e.g. some organizations may choose to designate an alternate representative to attend meetings when the primary representative is unavailable).
9. **Celebrate success**. It is important for partners to celebrate their successes on a regular basis, both as a partnership team and with the larger community.
10. **Monitor the health of the partnership**. Periodically throughout the year, members of the partnership should take some time to reflect on the progress of the partnership. Regular monitoring enables early identification of problems. The Community Tool Box provides a very useful checklist to assist partnerships in assessing their health called "Diagnosing the Health of Your Coalition." The checklist is completed by partnership members and uses a rating scale to help partners identify what areas are working well and where there are areas for improvement within the partnership. The checklist may be found at the following web site: http://ctb.ku.edu/tools/en/sub_section_tools_1058.htm

YHCs benefit from regularly reassessing their partnership agreements to better ensure they remain current and relevant. Partnership agreements are also revisited when relevant issues arise, a new partner is identified and/or an existing partner leaves the partnership.

Special Considerations for Maintaining Partnerships With Schools

While the good practices described above apply to nurturing a partnership with any type of organization, some special considerations apply to maintaining partnerships with schools, particularly when the YHC is located in the school setting. Ideally, YHCs are an integral part of the school community, contributing to the achievement of both education and health system goals.

1. **Be sensitive to the school environment.** YHCs should collaborate with school partners to explore the most

appropriate ways to facilitate service delivery. For example, schools operate on schedules that require school administrators and teachers to be in specific places at exact times. Therefore it is very important that partnership meetings start and end on time if there are school staff participating in meetings.

2. **Complement and enhance existing programs within the school.** Being aware of and, where possible, collaborating with existing school-based programs makes it easier to integrate the YHC into the school.

Keeping it Youth Centred

Throughout all of the efforts involved in developing and maintaining partnerships, it is critical that partners never lose sight of the importance of keeping a youth centred focus. Adults participate in the process to support youth in meeting their own needs. Striving continually to maintain a youth centred approach is one of the keys to a successful youth health centre.

Appendices

Appendix 1: Sample Template for a Partnership Agreement

logos here

Partnership Agreement
Between:
(List Partners)

logos here

Background

Insert any relevant background information about the history of the partnership, such as details about why the partnership was formed. This section is generally not more than one paragraph in length.

Purpose

Insert details about the agreed purpose, goals and objectives of the partnership.

Roles and Responsibilities

Insert name of organization agrees to :

- *List each agreed responsibility for the partner named above*

Insert name of organization agrees to:

- *List each agreed responsibility for the partner named above*

Include all partners and their responsibilities in this section.

Financial and Legal Issues

Some partnership agreements cover financial and legal issues in the specific responsibility statements in the previous section. Other partnerships prefer to put these issues in a separate section that clearly states what partners will be accountable for financial contribution and management and how legal issues, such a as liability, will be handled.

Decision-Making and Conflict Resolution

Describe the process that the partnership will use to reach decisions (e.g. consensus). Also describe in detail the processes that will be used to resolve disagreements when agreement cannot be reached on specific decisions.

Evaluation

The partners agree to use these criteria to identify whether the partnership is achieving its goals and objectives:

- *List criteria*

The achievements of the partnership will be measured against the above criteria *insert evaluation cycle time frame, such as "annually."*

Resources to plan, collect data for, analyze and create an evaluation report will be provided *by list funding source for the evaluation or the names of partners who will provide resources.*

The evaluation will be conducted by *list the partnership's decision about whether the evaluation will be conducted internally by members of the partnership or by external contractor. If external contractor, the process of how the contractor is chosen should be described.*

Communication

The partners commit to regular and open communications among partners and with the community.

Internal Communications

Describe the mechanisms for communication that will be used by the partnership, how often they will be used and who is responsible for ensuring that communication occurs. Communication mechanisms might include meetings, regular written reports, or e-mail updates for example.

External Communications

List who has authority to speak on behalf of the partnership to community members and the media.

Duration and Review

State when the partnership agreement comes into effect and when it will end. Also describe the process and time frame for regular review of the agreement to ensure that it remains relevant and up-to-date. It is also important to describe the process for renewing the agreement when it ends.

Signatures

.....	.....
Name of person, Organization they represent	*Date*
Include signature line for all partners.	

Appendix 2: Sample Partnership Agreement

Chignecto-Central Regional School Board
Community Education and Partnerships

Partnership Agreement

Between
Chignecto Family of Schools
Springhill Junior/Senior High School

And the

Cumberland Health Authority

This partnership agreement is intended to clarify the various responsibilities that the parties agree to fulfill in relation to this initiative and purpose described herein. The **Chignecto Family of Schools** and **Springhill Junior/Senior High School,** hereafter referred to as the School Board, and the **Cumberland Health Authority**, hereafter referred to as the Partner, have agreed to enter into a partnership for the purpose of:

Establishing and operating a community-based Youth Health Centre, which will provide youth health services using a population health model within a youth-centered environment.

Pre-amble

The CHA and the School Board agree to support the goals and objectives of the partnership and further agree to sustain within their capacity a mutually beneficial association.

The CHA and the School Board agree to continue to share their time, talent, resources and energy for the ongoing support of the project.

The School Board and the CHA agree that there will be open communication and will jointly agree to a fair and balanced representation and participation of appropriate stakeholders on the Youth Health and Wellness Centre Steering Committee.

The School Board and the CHA agree that the Youth Health Centre Steering Committee will jointly agree to operate under mutually agreed upon terms of reference for decision-making, conflict resolution and provide such orientation on appropriate governance for all partners.

The CHA and the School Board agree that the Youth Health Centre will also be supported and guided by a school-based Youth Health Advisory Committee which will report to a Youth Health Steering Committee which will in turn advise the CHA in the operation and provision of youth health and wellness services within the community and the school.

The CHA and the School Board agree that this agreement shall remain in full force and effect until such time as any of the parties give at least 90 days notice in writing to the other parties of intent to terminate the partnership agreement.

The School Board and the CHA agree that the partnership will be reviewed annually and, if necessary, revised to reflect the evolution of the relationship.

Background

The Cumberland Health Authority in collaboration with the Chignecto-Central Regional School Board is focused on increasing opportunities for youth to develop and sustain the knowledge, attitudes, skills and behaviours required to effectively manage their personal health and well being and participate fully in the life of their school and community. The Youth Health Centre has been developed within a collaborative model enabling the YHC Centre Coordinator to work with all partners in the support of youth health using a population health model *("an approach to health that aims to improve the health of the entire population and to reduce health inequities among population groups").*

The Youth Health Centre will provide accurate and non-judgmental information and services reflecting and supporting the Youth Health Centre Provincial Standards. Confidential and safe service and information will be provided in a youth-centered environment.

The objectives of the partnership are to:

- Establish and implement a working governance model ensuring active involvement and representation from students, Cumberland County Health Authority, parents, school staff and community.
- Coordinate youth health and wellness services using a population health model focused on the unique health needs of youth by providing a clear and coordinated approach to relevant clinical and wellness services at the Youth Health Centre (YHC) and through outreach in the community.
- Support and nurture healthy behaviours in youth by encouraging active participation by youth in the YHC's development as a safe and confidential youth service and resource.
- Participate in pre-approved appropriate ethical research activities, which examine the most effective method of providing health service directly to students.

The Specific Responsibilities of the Partners are as follows:

The School and Cumberland Health Authority will:

- Ensure that policies, and procedures for the services provided by the YHC are in accordance with the policies and procedures of both the Chignecto-Central Regional School Board and the Cumberland Health Authority.
- Establish and implement terms of reference supporting governance standards for the Steering Committee and Youth Advisory Committee.
- Work collaboratively to ensure that the day-to-day operation of the YHC meets the needs of the youth and follows agreed upon policies, procedures protocols and standards.
- Work collaboratively to support the work of the Youth Health Centre Coordinator.
- Participate in and support the work of the Youth Health Centre Steering Committee and further support the work of the school-based Youth Health Advisory Committee.
- Work collaboratively to ensure that the interests and rights of students are respected and maintained.

The School will:

- Communicate to students and parents about the partnership and its progress.
- Support the endeavours of the Partner in the provision of high quality and accessible health and support services, to the fullest extent possible to youth.
- Work with and support the role of the YHC Coordinator and other Health Professional Staff in coordinating and providing health services to youth.
- Actively participate on and support the work of the Youth Health Centres Steering Committee.
- Actively participate on and support the actions and responsibilities of the Youth Health Centre Steering Committee.
- Provide the physical space for the YHC, which will include a room large enough to accommodate comfortable seating, display units, tables and chairs for student meetings and group work. The provision of an administrative/consultation room where non-clinical consultations can occur in private and in full and complete confidentiality. The space will also include a desk and chair, computer with Internet access and email account, telephone with long-distance capacity, fax and photocopier, locked filing cabinet, easy access to washroom. Appropriate space for a fully equipped examination room.

Cumberland County Health Authority will:

- Be responsible for the legal governance (supervision, standards of practice and liability) of all CHA health professionals who provide services for the YHC.
- Support and guide the work of the Youth Health Centre Steering Committee.
- Be responsible for the financial costs, liability, supervision and management of the Youth Health Centre Coordinator position.
- Arrange for and/or ensure the provision of clinical services by the nurse practitioner, public health nurses/educators, and other health professionals such as mental health and addiction services on an as needed basis.
- Provide medical supplies and clinical equipment as needed, such as: clinical equipment necessary for the nurse practitioner and other health professionals to perform their delegated medical functions.

SIGNED this 25th day of May 2005.

OFFICIAL SIGNATURES

Appendix 3: Partnership Resources (Current as of June 26, 2006)

The Partnership Handbook was developed by the Labour Market Learning and Development Unit at Human Resources Development Canada to help people learn more about community based partnerships. This comprehensive partnership resource may be found by typing the words 'The Partnership Handbook' into the Google search engine and following the link. Or, you can type the actually long web address for the resource, which is as follows: http://www.hrsdc.gc.ca/asp/gateway.asp?hr=en/epb/sid/cia/partnership/handbook.shtml&hs=cyd

The **Community Tool Box** provides over 6000 pages of practical information to support community health promotion. They offer several resources on their web site related to the development of coalitions and partnerships as well as planning, communication and evaluation. Resources are easily located using the—What do you want to do? Search feature on their home page, which can be found at: http://ctb.ku.edu/.

The National Mentoring Center is a non-profit organization in the United States that provides mentoring and technical training to over 5,000 youth organizations. They provide a **partnership development manual** on their web site: http://www.nwrel.org/mentoring/topic_partnerships.html.

The **Chignecto-Central Regional School Board Partnership Workbook** is available in PDF format on the school board web site at http://www.ccrsb.ednet.ns.ca/partnerships.html. The workbook provides guidelines for developing and maintaining partnerships as well as sample partnership agreements and a sample evaluation form for partnerships.

End Notes

(1) Smith A, Frank F. The Partnership Handbook. Minister of Public Works and Government Services Canada.; 2000. Available at: www.hrcs-drhc.gc.ca/common/partnr.shtml. Accessed June 26, 2006.

(2) Labonte R. Community, community development, and the forming of authentic partnerships: Some critical reflections. New Jersey: Rutgers: In Minkler, M (ed.), Community Organizing and Community Building for Health; 1997.

(3) Mattesich PW, Monsey BR. Collaboration: What Makes It Work? A Review of Research Literature on Factors Influencing Successful Collaboration. St. Paul, MN: Amherst H.: Wilder Foundation; 1992.

(4) National Mentoring Center. Forming and Maintaining Partnerships. 2006. Available at: http://www.nwrel.org/mentoring/topic_partnerships.html. Accessed June 26, 2006.

(5) The Community Tool Box. Creating a Coalition or Partnership. 2006. Available at: http://ctb.ku.edu/tools/tk/en/tools_tk_1_13.jsp. Accessed June 26, 2006.

Acknowledgements

Gratitude is extended to Jerrica Coady, who while completing a health promotion internship with the Department of Health, completed a literature search and environmental scan which helped inform the research for this document.

Significant portions of this document were excerpted from the Chignecto-Central Regional School Board Partnership Workbook, who graciously provided permission for the inclusion of their work in this document.

These guidelines were written by Pyra Management Consulting Services Inc., with input and expertise provided by the members of the Liaison and Partnership Agreement Committee. Current and former members of the Committee are:

- Ann Blackwood
- David Brennick
- Heather Christian
- Coleen Davidson
- Mary Fedorchuk
- Robert Matergio
- Bernice Martin
- Lisa Smith
- Michael Townsend
- Linda Young


CAWAY
SECTS
WELL
ARENESS
FOR
YOUTH
Adacel
The END!

Orientation *and* Continuing Education

The purpose of this document is to provide guidance to YHCs who are developing and/or implementing processes for orientation and continuing education for providers and volunteers. YHCs should consult the policies and procedures of their governing body to identify who is responsible to ensure orientation and continuing education processes are followed within the YHC.

The orientation processes described in these guidelines focus primarily on orientation for providers and volunteers. They do not cover the issue of orienting youth who are seeking YHC services to the broader concepts of what YHCs are and what services they offer. This type of orientation is often communicated most effectively via marketing techniques used to explain to youth why the YHC exists in their community.

The Benefits of Orientation for YHCs

Orientation helps form a first impression of the services YHCs provide, and it is an opportunity to explain the philosophy, mission, vision, and/or values of your centre to providers and volunteers.

Orientation has been defined as:

- *An adjustment or adaptation to a new environment, situation, custom, or set of ideas;*
- *Introductory instruction concerning a new situation*[1].

By providing a structured orientation, it is more likely that your YHC's work will be consistently described to newcomers. It may be tempting to decide there is not enough time to do a full orientation with everyone who works or volunteers with your YHC. Orientation is important because it helps new providers and volunteers develop healthy working relationships and a sense of commitment to your organization.

By providing an orientation, you will help develop a workforce that is dedicated to your important YHC services and programs. Orientation will also help inform providers or volunteers so they are better able to do their jobs while following the necessary standards, policies and procedures.

It is important that a youth centred approach is used and that youth participate fully in the planning and delivery of orientation opportunities.

Orientation Practices for New Providers or Volunteers of YHCs

This section provides some suggestions for implementing an orientation program with your providers and volunteers. You should customize your orientation program to suit your YHC's needs and available resources.

Creating the Orientation Checklist(s)

First, you should decide what type of orientation is required for each type of provider or volunteer within your YHC. For example, orientation for someone who provides referral services may differ from the orientation you organize for full-time employees.

It may be helpful for you to create separate standard orientation checklists for providers and volunteers so you can customize the content. You will want to build on the existing strengths that the new providers and volunteers bring to their positions. By using a checklist, a new provider or volunteer can lead their own orientation. They can use the checklist to tell you what items they know well, and identify which specific topics they require more information about.

Appendix 1 contains a list of suggested orientation checklist elements that may assist your YHC in creating customized tools. Appendix 2 contains a sample standard orientation checklist for an employee and one for a steering committee member. These documents are provided as resources and examples only. It is likely you will need to create a customized orientation checklist that specifically reviews roles, responsibilities, policies and procedures that are relevant to your YHC.

To create a checklist, place your selected checklist elements in a column within a table. In the next column, it is helpful if you list who is responsible for providing the orientation. Some elements are best reviewed with the new provider or volunteer by a manager, while others will be more appropriately covered by a peer or a committee chair. For some items, you may list the new provider or volunteer as responsible to complete a self-directed orientation. Some elements will not have a standard person associated with them, so you may leave these cells blank on the checklist form so you can customize them at the actual time of orientation.

Target dates are sometimes helpful in an orientation checklist to help prioritize the required information sharing, so you may choose to add another column for these in your checklist table. When generic, you can print these timelines on the checklist, noting target dates such as 1st week, or 1st month, as examples. Some dates may need to be specific to the individual being oriented, so you may leave these cells blank on the checklist form so you can customize them at the actual time of orientation.

A column to indicate completion of each orientation element is also often included in an orientation checklist so the new provider or volunteer can keep track of orientation progress.

In creating a standardized checklist form, it is recommended that you include a few blank lines to allow the checklist elements to be customized to the individual provider or volunteer as required.

The checklist form may have a place where the new provider or volunteer signs and dates it when all items on the checklist are complete.

Over time your YHC will likely change orientation checklists to reflect the needs of your providers, volunteers and programs. Checklists are almost always a work in progress!

Using the Orientation Checklist(s)

Please refer to Appendix 2 for a few examples of orientation checklists. The following steps are suggestions for using orientation checklists:

1. The employer is responsible to organize an orientation program for a new provider or volunteer associated with your YHC. The employer may appoint a designate who is responsible to oversee the orientation, such as a steering committee member, manager or coordinator. The person designated by the employer to complete orientation processes will vary from YHC to YHC.
2. The designated person chooses the appropriate orientation checklist(s) to guide the process.
3. The designated person may find it helpful to identify an orientation sponsor or buddy to support a new provider or volunteer in their new role within your YHC. The sponsor may or may not be in the same physical location as the new provider or volunteer, but they will be available by phone or email to provide support. Where possible, it is useful for the sponsor to be an experienced peer of the new provider or volunteer.
4. The designated person customizes the orientation checklist with the new provider or volunteer, adding new elements as required, and filling in blank spaces under the columns for *person responsible* and *target date*.
5. Upon arrival, the new provider or volunteer is given the orientation checklist. The new provider or volunteer is asked to ensure they complete the orientation elements and to mark them as completed or N/A on the checklist.
6. The new provider or volunteer is encouraged to discuss with the designate any challenges they encounter completing orientation. Should the suggested time targets for completion not be met, the new provider or volunteer can alert the designate about items they still require orientation about, and together they can problem solve an action plan.
7. Once all the elements on the checklist are completed, the new provider or volunteer signs the document and returns it to the designate. By asking the provider or volunteer to return the completed orientation checklist, you are reinforcing a self-directed approach to orientation. You may choose to place signed and completed orientation checklists in a new employee's personnel file as a record of your efforts to prepare your new employee for the job requirements.
8. Once the checklist has been returned, it is helpful for the designate to meet with the new provider or volunteer to determine what worked well and what could be improved in the orientation process. Often continued training needs are identified in this meeting. Alternatively, you might ask a new provider or volunteer to complete a written evaluation to gather the same feedback. With this feedback, your YHC can continue to revise and improve its orientation processes.

For some providers or volunteers who may not attend your YHC often, it may be possible to complete some orientation via mail, email, teleconference or videoconference. Or, you may choose to plan a full day session to provide orientation to new providers and volunteers. Orientation can be provided in many different creative ways; you can decide what works best for your YHC.

As you revise your orientation processes, you might consider sharing ideas with other YHCs, so all centres can benefit from the collective feedback of new providers and volunteers. YHCs may share information via phone or email, or through web-based group dialogues or chat forums.

Appendix 3 contains a list of websites and reports that may serve as useful general orientation resources for new providers or volunteers within your YHC.

Special Considerations for Participation in Steering Committees and Advisory Committees

A YHC orientation is not complete without reviewing the YHC's unique and inclusive management structure. To meet the needs of youth and community agencies, YHCs operate using a collaborative governance model. This means that the work of YHCs is overseen by two committees of diverse stakeholders rather than by a single person. YHCs have a Steering Committee and an Advisory Committee, and they are briefly described below.

It may be beneficial to provide new volunteers and providers with a diagram that further illustrates the roles, responsibilities and reporting structures for individuals involved with the YHC.

Steering Committee Orientation

The document *Standards for Youth Health Centres in Nova Scotia*[2] describes the framework used to create a new YHC. There are standards related to governance and accountability that explain the reporting mechanisms in YHCs. The standards require that a Steering Committee exists as the governing body of your centre. In certain circumstances, one Steering Committee may govern several youth health centres.

Standard 6.2 notes that YHCs have a Steering Committee with a membership that is:

- Comprised of youth, representatives of the governing partners, community representatives, schools (where a YHC is located in a school) and health professionals experienced in working with youth;
- Representative of the population served by the YHC in terms of cultural and social diversity.

The Steering Committee provides guidance to the management of your YHC. The committee is accountable to the community and should be composed of individuals working within local community agencies (though not necessarily representing them) such as Planned Parenthood, school boards, district health authorities, physicians, therapists, nurses, health agencies and counseling centres.

It is essential that the Steering Committee membership is representative of the populations served by the YHC. The Steering Committee also needs to be responsive to new populations requiring service. Populations to consider may include community members with disabilities, and community members of different races, ethnicities, and linguistic communities, with a range of sexual orientations and spiritual and/or faith traditions.

New Steering Committee members need to become familiar with their responsibilities. Standard 6.3 states that the responsibilities of the YHC Steering Committee include:

- Defining and achieving the goals and objectives of the YHC;
- Developing formal partnerships that support the goals and objectives of the YHC;
- Monitoring compliance with provincial system standards;
- Developing and monitoring compliance with written operational standards;
- Monitoring compliance with legislation;
- Ensuring annual financial audits are completed;
- Developing a written policy on informed consent for the YHC;

- Ensuring compliance with reporting requirements of the YHC funder(s);
- Regularly assessing the needs of the population served and adjusting programs and services to meet changing needs;
- Evaluating the YHC.

Advisory Committee Orientation

In addition to the Steering Committee, each YHC must have an Advisory Committee which provides advice about the operation of the centre. Unlike your Steering Committee that may be associated with several youth health centres, the Advisory Committee should be unique and specific to your YHC.

Standard 6.4 states that YHCs have an Advisory Committee with a membership that is comprised of at least:

- A minimum of 50% youth membership;
- YHC staff.

The YHC Advisory Committee provides input into the programs and services offered through the YHC. As with the Steering Committee, the YHC Advisory Committee membership needs to be representative of the populations served by the YHC. The Advisory Committee ensures that the wishes and needs of youth are presented to the Steering Committee, who then can work to improve or change the services available. It is imperative that youth members' skills, experience and contributions are appreciated on your Advisory Committee. The youth on the committee should lead initiatives and be encouraged to be creative in their activities and projects.

To be most effective, both your YHC Steering and Advisory Committee should create and follow terms of reference. Terms of reference are useful in defining the roles, responsibilities and reporting structures of a committee. Terms of reference will also help your new committee members understand their responsibilities. Appendix 4 contains a list of topic areas often included when terms of reference are written.

Your Steering and Advisory Committees will both contribute substantially to the development of YHC programs and services. These committees may take a lead role in orienting new providers or volunteers. Having both the Steering and Advisory Committees participate in the orientation of a new YHC provider or volunteer will help demonstrate how YHCs operate and who provides direction to program and service delivery.

To ensure that YHC services comply with the YHC standards, it may also be necessary for your committee members to be oriented to many concepts including:

- Partnership agreements
- Population health
- Youth engagement
- Cultural competence
- Social diversity
- Inclusive language
- Accessibility

For a thorough orientation, new committee members may find it useful to complete a site visit with an operating YHC. It is possible that your new committee members will need to develop a continuing education plan to ensure they acquire the tools and resources they need to create a flourishing YHC. Conveniently, continuing education is covered in the next section of these guidelines!

The Benefits of Continuing Education

Continuing education activities can help providers and volunteers improve their skills so they can provide quality services to the youth they work with. Your YHC can enhance teamwork and improve productivity by providing continuing education.

One definition of continuing education in health settings states:

Continuing Education Activity: *an offering that may be an episode or a serial event planned to update health care practice, management or professional growth. The activities are planned around identified learning needs, have explicit objectives, are educationally designed based on current health professional information, use methods that are appropriate to the subject matter and audience, and collect evaluation feedback*[3].

There is much debate in the literature as to the most appropriate model of continuing education. Some organizations have continuing education programs that mainly focus on increasing knowledge or improving skills as defined by the individual staff and/or the organization. Others focus education on ensuring maintenance of pre-defined staff competencies. Others focus on education that contributes to the overall performance of the organization. Whatever model is selected, it is clear that for continuing education to be effective over time, it cannot be a one-time event. It needs to be an ongoing process used to improve the effectiveness of your YHC.

Continuing Education Practices for Staff of YHCs

This section contains suggested ways to implement continuing education processes within the YHC. You should customize your continuing education program to suit your YHC's particular needs and available resources.

For continuing education to be successful, providers, volunteers and the employer must be committed to dedicating time and resources to pursue continuing education and lifelong learning. YHCs should ask providers and/or volunteers to create annual continuing education goals. Your YHC can decide how best to do this. For example, you may ask paid employees to create individual goals, but ask committees or groups of volunteers to submit collective goals. Paid employees can often use their performance appraisal as a starting point for developing education goals. Submissions may include:

- The continuing education topic;
- A suggested strategy for acquiring the education (e.g. course, telehealth, journal club);
- Required resources (e.g. space, time, money);
- Timelines for completing it;
- Expected outcomes for the YHC;
- Plan for sharing the information with colleagues.

The YHC Steering Committee (or delegated sub-committee) should oversee continuing education processes and spending. Here are some things that the committee might consider:

- Review all the continuing education goals and identify themes among the submissions;
- Review the *Standards for Youth Health Centres in Nova Scotia*[2], and determine what continuing education themes would support the YHC in achieving these standards;

- Prioritize the areas of education identified so that there are approximately three annual YHC goals for continuing education;
- Use resources available to fund continuing education that will help achieve the goals.

You might also have a process for individual requests for continuing education that do not fall under the annual priorities. The individual can work with the employer to be creative in identifying how they may be able to fulfill such education requests.

Attending conferences and courses is one way to acquire continuing education, but there are many other ways education can be pursued. It is likely your YHC has access to excellent, non-expensive educational opportunities within the local community. You might consider creating a list of these available resources for your providers and/or volunteers.

Possible strategies to acquire education include:

- Telehealth sessions
- District health authority education/training sessions
- School system education/training sessions
- Seminars
- Community lectures
- Journal or article clubs
- Videos
- Web-based learning
- Shadowing other professionals
- Site visits
- Partners working with youth*
- Books and reports
- Peer learning and mentoring
- Liaison with government offices (e.g. Offices of African, Acadian, and/or Aboriginal Affairs, Department of Immigration, Disabled Persons' Commission, Public Service Commission, Advisory Committee on the Status of Women, AIDS Commission)

*Partners working with youth may include clinics and/or organizations working with community members with disabilities, and with community members of different races, ethnicities, and linguistic communities, with a range of sexual orientations and spiritual and/or faith traditions.

Providers and volunteers should be required to submit an evaluation of continuing education attended. This will assist your YHC in determining what types of sessions and learning are most effective.

Some examples of potential continuing education topics and opportunities include:

- Informed consent
- Crisis intervention
- Conflict resolution
- Exploring values
- Media training
- Working in teams
- Cultural competence
- Diversity and social inclusion
- Youth engagement
- Youth/adult partnerships
- Clinical areas—e.g. sexual health, addictions
- Community development
- Capacity building
- Suicide prevention
- Lay counseling
- Partners for Progress
  (Please refer to Nova Scotia's South Shore District Health Authority's website)
- Building a Better Tomorrow
  (Please contact a district health authority within Nova Scotia for further information).

  Modules include:
  - Understanding Primary
  - Health Care
  - Conflict Resolution
  - Community Development
  - Program Planning and Evaluation
  - Team Building

It is likely that many continuing education goals will be similar among YHCs in the province. Your YHC might benefit from getting together with other YHCs when planning workshops or sessions. This would also provide a great opportunity for networking. A web-based group through which YHC staff could share ideas may be useful also.

Appendix 3 contains a list of websites and reports that may serve as useful general resources for exploring continuing education topics at YHCs.

Appendices

Appendix 1: Suggested Elements for a YHC Orientation Checklist

General Orientation to YHC

ID/security pass
Daily opening and closing of the YHC
Tour of physical space
Orientation to individual's work space
Washrooms
Parking
Keys and codes
Governance flow chart
Mission, vision, values, goals of YHC
Programs and services
Partnership agreements
Management style
Informal norms or customs
Staff roles and scopes of practice
Committees - TOR and roles
YHC provincial standards
YHC operational standards
Learning resources
Team building events
Student internships
Policy and procedure manuals
Accessibility
Youth engagement

Human Resources

Job descriptions
Roles and responsibilities
Collective bargaining agreement
Probationary period
Hours of work
Breaks
Benefit plans (e.g. medical/dental)
Vacation
Sick time
Overtime/flex-time
Confidentiality
Equal opportunity
Leaves
Vacancies
Inclement weather
Conflict of interest
Complaints and grievances
Performance management
Continuing education
Workload measurement
Time sheets and pay cycles

Office and Administration

Filing systems
Office support
Staff/team meetings
Computer access codes
Telephone systems
Copy and fax machine usage guidelines
Phone, email and internet usage guidelines
Travel reimbursement
Petty cash reimbursement
Purchasing and acquisition
School reporting procedure
Cleaning
Referrals to outside agencies
Transportation
List of key stakeholders and contacts
Financial statements

Highlighted Policies and Procedures and Legislation

Harassment
First aid
Non-violent crisis intervention
Cultural competence
Inclusive language
Informed consent
Criminal records check
Fire and safety
Occupational health and safety
WHMIS
CPR
Health Act
Building Code Act
Children and Family Services Act
Workplace injury reporting
Security
Infection control
Incidence reports
After hours access to office
Dress code
Intervention procedures (e.g. obtaining birth control pills)
Health records
Exam room procedures
Controlled substances
Clean air and/or no smoking policy
Communication with media
CPR

Appendix 2: Samples of Orientation Checklist Templates

(Suggestions only: not inclusive of all content likely required)

Youth Health Centre Orientation for Coordinators

Name: .....

Sponsor: ..... Date: .....

General Orientation to YHC

Orientation Element	Person Responsible	Target Date	Completed(or,N/A)
ID/security pass			
Daily opening and closing of the YHC			
Tour of physical space			
Orientation to individual's work space			
Washrooms			
Parking			
Keys and codes			
Governance flow chart			
Mission, vision, values, goals of YHC			
Programs and services			
Partnership agreements			
Management style			
Informal norms or customs			
Staff roles and scopes of practice			
Committees - TOR and roles			
YHC provincial standards			
YHC operational standards			
Learning resources			
Team building events			
Student internships			
Policy and procedure manuals			
Accessibility			
Youth engagement			

Human Resources			
Orientation Element	Person Responsible	Target Date	Completed (or,N/A)
Job descriptions/Roles and responsibilities			
Collective bargaining agreement			
Probationary period			
Hours of work			
Breaks			
Benefit plans (e.g. medical/dental)			
Vacation			
Sick time			
Overtime/flex-time			
Confidentiality			
Equal opportunity			
Leaves			
Vacancies			
Inclement weather			
Conflict of interest			
Complaints and grievances			
Performance management			
Continuing education			
Workload measurement			
Time sheets and pay cycles			

Office and Administration			
Orientation Element	Person Responsible	Target Date	Completed (or,N/A)
Filing systems			
Office support			
Staff/team meetings			
Computer access codes			
Telephone systems			
Copy and fax machine usage guidelines			
Phone, email and internet usage guidelines			
Travel reimbursement			

Petty cash reimbursement			
Purchasing and acquisition			
School reporting procedure			
Cleaning			
Referrals to outside agencies			
Transportation			
List of key stakeholders and contacts			

Highlighted Policies and Procedures and Legislation

Orientation Element	Person Responsible	Target Date	Completed (or,N/A)
Harassment			
First aid and CPR			
Non-violent crisis intervention			
Cultural competence			
Inclusive language			
Informed consent			
Criminal records check			
Fire and safety			
Occupational health and safety			
Children and Family Services Act			
Workplace injury reporting			
Security			
Infection control			
Incidence reports			
After hours access to office			
Dress code			
Intervention procedures (e.g. obtaining birth control pills)			
Health records			
Exam room procedures			
Controlled substances			
Clean air and/or no smoking policy			
Communication with media			

Signature: ..... *Date:* .....

Youth Health Centre Orientation for Committee Members

Name: .....

Sponsor: ..... Date: .....

Orientation to YHC

Orientation Element	Person Responsible	Target Date	Completed (or, N/A)
ID/security pass			
Daily opening and closing of the YHC			
Tour of physical space			
Governance flow chart			
Mission, vision, values, goals of YHC			
Programs and services			
Partnership agreements			
Management style			
Informal norms or customs			
Staff roles and scopes of practice			
Committees - TOR and roles			
YHC provincial standards			
YHC operational standards			
Learning resources			
Team building events			
Student internships			
Policy and procedure manuals			
Accessibility			
Youth engagement			

Human Resources

Orientation Element	Person Responsible	Target Date	Completed (or,N/A)
Job descriptions/Roles and responsibilities			
Collective bargaining agreement			

Confidentiality			
Equal opportunity			
Conflict of interest			
Complaints and grievances			
Performance management			
Continuing education			
Workload measurement			

Office and Administration

Orientation Element	Person Responsible	Target Date	Completed (or,N/A)
Financial Statements			
Office support			
Copy and fax machine usage guidelines			
Phone, email and internet usage guidelines			
Travel reimbursement			
Petty cash reimbursement			
Purchasing and acquisition			
School reporting procedure			
Referrals to outside agencies			
List of key stakeholders and contacts			

Highlighting Policies and Procedures and Legislation

Orientation Element	Person Responsible	Target Date	Completed (or,N/A)
Harassment			
Non-violent crisis intervention			
Cultural competence			
Inclusive language			
Informed consent			
Criminal records check			
Fire and safety			
Occupational health and safety			
Health Act			
Building Code Act			

Children and Family Services Act			
Workplace injury reporting			
Security			
Infection control			
Incidence reports			
Controlled substances			
Clean air and/or no smoking policy			
Communication with media			

Signature: ..... *Date:* .....

Appendix 3: Website Resources for Orientation and/or Continuing Education

(Current as of June 26,2006)

Board Development

This website contains useful information and resources regarding board development training, accountability and governance in the Canadian voluntary sector. http://www.boarddevelopment.org

Building a Better Tomorrow

This website describes *Building a Better Tomorrow,* which is a federally funded initiative aimed at helping the four Atlantic Provinces to work together to develop and deliver the training and skills health care providers need in the new Primary Health Care system. YHCs interested in this initiative should check with their District Health Authority to determine who in their area is a trained *Building a Better Tomorrow* facilitator.
http://www.gov.ns.ca/heal/primaryhealthcare/building.htm

Canada Health Portal—Youth Health

This website offers health resources on topics such as conditions and diseases, alcohol and drugs, smoking, sexuality and relationships, fitness, nutrition, mental health, abuse and violence, and other health issues and concerns for youth (from puberty - 25 years).
http://chp-pcs.gc.ca/CHP/index_e.jsp/pageid/4005/odp/Top/Health/Youth

Canada's Physical Activity Guides for Children and Youth

This website contains a wide range of information, tools and resources to help endorsing organizations and other interested partners use and promote Canada's Physical Activity Guides for Children and Youth, as well as their support resources. http://www.phac-aspc.gc.ca/pau-uap/paguide/child_youth/

Canadian Association for Adolescent Health

This website contains documents, publications and links regarding clinical practice, teaching, community action or research within the field of adolescent health, education and welfare.
http://www.acsa-caah.ca/

Canadian Association of Paediatric Health Centres

This website contains links and event information aimed at multidisciplinary health professionals that provide care for children, youth, and families within community, regional, and tertiary/quaternary healthcare facilities, rehabilitation centres, community care access centres, and home care facilities nationwide.
http://www.caphc.org/about_caphc.html

Canadian Health Network: Youth

This website has information about mental and physical health, sexual health and relationships, and much more for teens and those who care about them. Youth will also find information about finding time for sports, balancing homework with other responsibilities, social life, and school and community programs that promote youth health.
http://www.canadian-health-network.ca/servlet/ContentServer?cid=1048161689494&pagename=CHN-RCS%2FPage%2FGTPageTemplate&c=Page&lang=En

Centre of Excellence for Children and Adolescents with Special Needs

This website contains documents, links and resources particularly focused on ensuring that young people with special needs living in rural and northern communities receive the best services Canada has to offer.
http://www.coespecialneeds.ca/

Gay, Lesbian, Bisexual, Transgender and Intersex Initiative (GLBTI)

This website describes an initiative which aims to improve access to comprehensive and coordinated primary health care for gay, lesbian, bisexual, transgender and intersex (GLBTI) people in Nova Scotia's Capital Health district.
http://www.cdha.nshealth.ca/programsandservices/GLBTI/index.html .

HeartWood Centre for Community Youth Development

This website provides an overview of the youth development programs offered by this organization. HeartWood describes the heart of their work as being with young people and mentor volunteers in communities across Nova Scotia. They collaborate with community leaders, private citizens, agencies, groups, and all levels of government to build on their efforts and to lead new initiatives that promote and support community-based youth development.
http://www.heartwood.ns.ca/main.shtml

National Adolescent Health Information Center

This website contains links, publications and data and aims to improve the health of adolescents by serving as a national resource for adolescent health information and research, and to assure the integration, synthesis, coordination and dissemination of adolescent health-related information. http://nahic.ucsf.edu/

National Center for Cultural Competence

This website contains a resource database, links, and products aimed at increasing the capacity of health and mental health programs to design, implement, and evaluate culturally and linguistically competent service delivery systems.
http://gucchd.georgetown.edu/nccc/index.html

National Mentoring Center (NMC)—Publications

This website offers a wide variety of publications and training materials to programs and mentoring professionals. All publications are available for download on this website. All materials produced by the NMC are "public domain" meaning they can be reproduced by programs and individuals and incorporated into other training materials and program manuals (NMC must be cited as the source, however). http://www.nwrel.org/mentoring/publications.html

Public Health Agency of Canada: Division of Childhood and Adolescence

This website contains information regarding policy development, research, and strategic analysis of trends regarding broad determinants of health regarding children and youth in Canada. http://www.phac-aspc.gc.ca/dca-dea/main_e.html

Service Canada: Youth

This website provides information about programs and services available for youth at the community level and beyond.
http://www.youth.gc.ca/

ServiceLeader.org

This website provides information on all aspects of volunteerism. http://www.serviceleader.org/new/index.php

Sex Information and Education Council of Canada

This website is dedicated to informing and educating the public and professionals about all aspects of human sexuality in order to support the positive integration of sexuality into people's lives. http://www.sieccan.org/

Lesbian, Gay and Bisexual Youth Project

This website describes a youth project that provides support and services to lesbian, gay, bisexual and transgendered youth, 25 and under, across Nova Scotia. The project has been running since 1993 and provides a safe, supportive, youth directed environment where youth can access information, peers, support, and social activities.
http://www.youthproject.ns.ca/

Volunteer Canada

This website contains resources for working with volunteers or being a volunteer. Volunteer Canada has been committed to supporting volunteerism and civic participation through ongoing programs and special projects. http://www.volunteer.ca

Youth Peer Education Network

This website is aimed at supporting the development of youth peer education in Eastern Europe and Central Asia. It is an initiative of the Joint UN Interagency Group on Young People's Health Development and Protection in Europe and Central Asia (IAG), Subcommittee on Peer Education. http://www.youthpeer.org/about.asp

Reports and Document Resources Available on the Web for Orientation and/or Continuing Education *(Current as of June 26,2006)*

Engender Health. (2002). *Youth friendly services: A manual for service providers.* Retrieved from:
http://www.youthpeer.org/upload/resources/426_ResFile_yfs.pdf

FRP Canada. (2002). *Responsibility and accountability: What community-based programs need to know.* Retrieved from:
http://www.phac-aspc.gc.ca/dca-dea/publications/pdf/npf-fpn_responsibility_e.pdf

For the safety of Canadian children and youth. Retrieved from:
http://www.phac-aspc.gc.ca/publicat/fsccy-psjc/toc_e.html

Health Canada. (1999). *Trends in the health of Canadian youth: Health behaviours in school age children.* Retrieved from:
http://www.phac-aspc.gc.ca/dca-dea/pdfa-zenglish.html#t03

Health Canada. (2002). *Canada's physical activity guide for youth.* Retrieved from:
http://www.phac-aspc.gc.ca/pau-uap/paguide/child_youth/youth/index.html

Health Canada. (2004). *Young people in Canada: Their health and well-being.* Retrieved from:
http://www.phac-aspc.gc.ca/dca-dea/publications/hbsc-2004/pdf/hbsc_report_2004_e.pdf

Primary Health Care Section. (2005). *A cultural competence guide for primary health care professionals in Nova Scotia.* Retrieved from:
http://www.gov.ns.ca/health/primaryhealthcare/pubs/Cultural_Competence_guide_for_Primary_Health_Care_Professionals.pdf

Public Health Agency of Canada. (1998). Improving the health of adolescents and young adults: A guide for states and communities. Retrieved from: http://nahic.ucsf.edu//downloads/niiah/Complete2010Guide.pdf

United Nations. (2002). A world fit for children. Retrieved from:
http://www.unicef.org/specialsession/docs_new/documents/A-RES-S27-2E.pdf

Youth Health Centres Standards Task Team. (2004). *Standards for youth health centres in Nova Scotia.* Retrieved from:
http://www.gov.ns.ca/health/publichealth/content/pubs/YHC_Standards.pdf .

Appendix 4: Terms of Reference Topic Areas

The following areas are usually defined in a committee's terms of reference:

- **Committee Name**—provides identity for the committee
- **Type of Committee—**e.g. standing, ad hoc, advisory
- **Chairperson**—lists committee chair and acceptable alternate when applicable
- **Responsible to**—explains who the committee reports to and how
- **Purpose**—provides a brief explanation regarding what the committee does
- **Authority**—outlines decision making authority of committee
- **Timeframes, Reporting and Deadlines**—notes the anticipated length of time the committee will exist and due dates for reports
- **Composition**—lists the job titles or names of members of the committee
- **Provider or Volunteer Support**—defines the human resources available to the committee for administration or research
- **Other Resources**—outlines items such as space for meeting, budget or expert opinion
- **Specific Areas of Responsibility**—details the specific objectives for the committee to achieve during the time period of the terms of reference
- **Approval/Review Date**—records the date the terms of reference were approved, and the date for review and evaluation of the content of the terms of reference

End Notes

(1) yourdictionary.com. Orientation. 2005. Available at: http://www.yourdictionary.com. Accessed July 4, 2006.

(2) Youth Health Centres Standards Task Team. Standards for youth health centres in Nova Scotia. April 2004. Available at: http://www.gov.ns.ca/health/publichealth/content/pubs/YHC_Standards.pdf. Accessed September 22, 2005.

(3) The Uniformed Services University of the Health Sciences. Continuing education for health professionals definitions. 2002. Available at: http://www.usuhs.mil/che/definitions.htm. Accessed July 4, 2006.

(4) Board Development. Standard committee terms of reference. Available at: http://www.boarddevelopment.org/display_document.cfm?document_id=132. Accessed July 4, 2006.

Acknowledgements

Portions of this document were excerpted from Jerrica Coady's paper in 2005 titled "The provincial coordination of guidelines for youth health centres in Nova Scotia: A literature review and environmental scan", which she wrote to complete requirements for a health promotion internship with the Department of Health. Jerrica graciously provided permission for the inclusion of her work in this document.

These guidelines were written by Pyra Management Consulting Services Inc., with input and expertise provided by the members of the YHC Best Practice Guidelines for Orientation and Continuing Education Sub-Committee. Members of the Committee are:

- Heather Christian
- Susan Coulter
- Sharon Davis-Murdoch
- Patti Martin
- Tracey Martin
- Krista McMullin
- Lisa Smith
- Caryll Tawse

Policies *and* Procedures *for* Services

The purpose of this guidelines document is to provide a resource to YHCs who are developing and implementing policies and procedures for services. Over time it is expected YHCs will evolve to creating clinical guidelines, and a different resource manual will address these processes. These guidelines do not address administrative or human resources policies and procedures that also may be required in YHCs. These types of policies and procedures should exist within the governing agency of the YHC.

At the time of writing, no DOH province-wide templates for creating and implementing YHC policies and procedures were identified. It is recommended that each YHC consult the policies that govern their centre, before implementing any of the suggestions within this document.

Developing Policies and Procedures for Services

Written policies and procedures for services provided in YHCs help ensure that clients receive consistent, effective and evidence-based care from providers. They outline expectations for employees and clients regarding the services you are able to provide.

Policy is defined as a:

Non-negotiable, clear, formal and authoritative statement(s) directing behavior. Policies enable informed decision-making, prescribe limits, assign responsibilities/accountabilities and are secondary to legislation and by/laws. Policies reflect the vision, mission, values, and strategic directions of (an organization). They can be brief, broad statements or longer and detailed if required by the subject matter.[1]

Procedure is defined as a:

Series of steps, which outlines the sequence of activities; provides the 'how-to' of the policy; expressed in the action voice. Procedures reflect current practice relative to best available scientific knowledge, and/or expert consensus. The procedural steps may be outlined in a manner that clearly identify which health discipline (inclusive of physicians) are accountable for which aspects of the procedure.[1]

To develop and implement a policy and procedure, your YHC might:

1. Choose a service you provide.
2. Refer to examples of policies that already exist in other YHCs or agencies. (Please see Appendix 1 for a list of policies and procedures that presently exist in YHCs).

3. Create a working group to draft a policy and procedure document, ensuring the diverse perspectives of your YHC's youth, providers, and relevant stakeholders are represented.
4. Circulate the draft policy and procedure to the people who will use it, gather feedback from these people and revise your document if required.
5. Once the document is completed, provide education sessions with people who will be affected by the policy and procedure.
6. Ensure employees have the necessary skills and resources to implement the policy and procedure.
7. Review and revise the policy and procedure as appropriate, or as required by your governing agency. (This may include a pilot phase.)
8. Ensure the orientation process with new providers or volunteers includes an overview of your YHC's policies and procedures.

Policies and procedure documents may contain sections such as:[1]

- Background
- Policy Statement
- Expected Outcomes
- Guiding Principles and Values
- Definitions
- Patient/Staff Safety
- Equipment
- Procedure (and/or Professional Responsibilities)
- Related Documents
- References
- Date Created
- Dates of Review and/or Revision
- Authorized or Approved By

When writing policies and procedures, it might be helpful to check with your governing agency to see if they have a policy and procedure template you are expected to follow.

When writing policies and procedures, it is important to:

- Use simple language, using as little jargon as possible;
- Write procedures that are specific and practical;
- Ensure there is logical flow in the steps of the procedure, and that there are no gaps in the process outlined;
- Use diagrams if needed to explain complex processes;
- Anticipate questions that providers may have related to the services you offer, and make sure the policy and procedure clearly answers them;
- Ensure policies and procedures are culturally appropriate, enabling providers to address the needs of the diversity of clients served including clients with disabilities, clients of different races, ethnicities, linguistic backgrounds and with a range of sexual orientations and spiritual and/or faith traditions.

Expectations, beliefs, behaviours, perceived barriers and health status are inextricably linked to the cultural reality and lived experience of youth. In order to respond effectively, youth health centre employees will need to be aware of the perspectives and circumstances of diverse youth and work toward building trust and delivering mutually acceptable services. Culturally relevant policies and procedures are essential to building cultural competent organizations that respond to the broad needs of all the youth served.[2, 3]

There are many ways to organize and file your YHC policies and procedures for services. Some of the categories you might use include:

- Health Promotion
- Education
- Counseling
- Clinical Services
- Evaluation

This document does not specifically address administrative or human resources policies given many of these issues are often discussed within the YHC's governing agency's policies and procedures. However, through consultations it was reported that YHCs are concerned specifically about transportation and safety policy and procedures.

Creating YHC policies and procedures about transportation and safety may be somewhat complex. Transportation issues can arise for individuals or large groups within urban and rural settings, and may include situations involving peer education sessions, youth attending events or appointments, or dealing with an emergency. There is no one standard transportation policy that all YHCs can use. It is important that YHC staff, volunteers and youth discuss transportation issues with all appropriate partners, to collaboratively create a transportation policy and procedure that best meets everyone's needs. Partners for this issue might include the school board, school staff, the district health authority, and/or families.

Safety is broadly identified within the YHC standards. It may be beneficial for YHCs to also work with partners to develop customized safety policies and procedures to outline how the broad safety standard will be met.

Delegated Medical Functions and Medical Directives

Specific to Registered Nurses' practice, you may also need to write policies and procedures to fully explain your youth health centres' interventions that are delegated medical functions or medical directives.

A delegated medical function is defined as a:

Procedure/treatment/intervention that falls within the practice of medicine— however, in the interests of client/patient care, has been approved by the regulatory bodies of both medicine and nursing to be performed by registered nurses with the required competence (i.e., certification). According to the Medical Act, medical practice encompasses the functions of prescribing, diagnosing and treating.[4]

A medical directive is defined as:

A written physician's order for one or a series of medical procedures, treatments, and/or interventions (e.g., an algorithm) that may be performed by registered nurses for a range of clients/patients who meet specified criteria.[4]

It is important that you format and implement these processes in a way that is consistent with guidelines that may exist within your governing agency.

Appendices

Appendix 1: YHC Existing Policies and Procedures

Policy Title	*Source*
Combined Oral Contraceptive Pill: Protocol	Halifax Sexual Health Centre
Oral Contraceptive Pills	CEC
Clinical Management - Birth Control Pill	Red Door
Emergency Contraceptive Pills: Protocol	Halifax Sexual Health Centre
Emergency Contraceptive Pills	CEC
The Emergency Contraceptive Pill	Red Door
Emergency Contraceptive Pills	Cape Breton
Distribution of Oral Contraceptive Pills and Emergency Contraceptive Pills to Youth in YHCs	Cape Breton
Clinical Management-Sexually Transmitted Diseases (Including AIDS)	Red Door
Treatment of Sexually Transmitted Infections	CEC
Sexually Transmitted Infection Testing	CEC
Sexual Transmitted Infection Testing	CHC-Y
Depo-Provera - Protocol	Halifax Sexual Health Centre
Depo-Provera	CEC
Clinical Management - Depo-Provera	Red Door
Pap Smear Screening Protocol	Halifax Sexual Health Centre
Pap Smear Collection and Bimanual Examination	CEC
Pap Smears —Clinical Management	Red Door
Pregnancy Testing Proposal	East Hants
Pregnancy Testing and Counseling	CEC
Pregnancy Testing and Counseling	CHC-Y
Pregnancy Testing	Gold Door
Non-Prescription Medication	CHC-Y
Non-Prescription Medication	CEC
Guidelines for Managing Sexual Abuse	Cape Breton
Abuse	Red Door
Management of Suspected Child Abuse/Neglect	Cape Breton
Suicide	Red Door
Management of Suicidal Behaviour	Cape Breton
Anaphylaxis	CEC
Guidelines for the Management of Anaphylaxis In Youth Health Centres	Cape Breton
Threat of Harm	CEC
Threat of Harm	Gold Door
Referral to Child and Adolescent Services or Crisis Intervention	Cape Breton
Monitoring of Sick Individuals	CEC
Use of the Youth Health Centre as a Sick Room	CHC-Y

Policy Title	*Source*
Physical Injury	CEC
Physical Injury	Gold Door
Illness, Injury, or Accident	Cape Breton
Smoking	Red Door
Substance Abuse	Red Door
Sexual Health Education	CEC
Sexual Health Education	CHC-Y
Resource Material for the Youth Health Centre	Cape Breton
Traveling with Clients	Cape Breton
Travel Reimbursements for Youth Health Centre Staff	Cape Breton
Transporting Clients	CEC
Breast Examination and Education	CEC
Clinical Management Plan for Patients Presenting With Possible Pregnancy	Red Door
Pregnancy	Red Door
Clinical Management —Fertility Awareness	Red Door
Nutrition	Red Door
Eating Disorders	Red Door
Counseling	CEC
Relationship Counseling	Red Door
Run-a-Way Crisis	Red Door
Counseling	Cape Breton
Contraception	Red Door
Condom Distribution Proposal	East Hants
Condoms and Foam	Red Door
Clinical Management—IUD	Red Door
Diaphragm Fitting Protocol	Halifax Sexual Health Centre
Clinical Management—Diaphragm	Red Door
Contraceptive Sponge	Red Door
Cervical Cap Fitting Protocol	Halifax Sexual Health Centre
Clinical Management—Cervical Caps	Red Door
Depression	Red Door
Sexual Orientation	Red Door
Nurse Presence with Physician	Cape Breton
Access to and Release of Patient Information	Cape Breton

Please note: Halifax Sexual Health Centre was formerly knows as Planned Parenthood Metro Clinic.

End Notes

(1) Capital Health. Policy and procedure (P&P format). Halifax, Nova Scotia: Capital Health; 2005.

(2) Ministry of Children and Family Development. Practice principles: A guide for mental health clinicians working with suicidal children and youth. 2001. Available at: http://www.mcf.gov.bc.ca/publications/youth/suicid_%20prev_manual.pdf. Accessed January 16, 2005.

(3) Public Health Agency of Canada. Canadian guidelines for sexual health education. 2003. Available at: http://www.phac-aspc.gc.ca/publicat/cgshe-ldnemss/pdf/guidelines_e.pdf. Accessed July 4, 2006.

(4) College of Registered Nurses of Nova Scotia and College of Physicians and Surgeons of Nova Scotia. Guidelines for delegated medical functions & medical directives. Halifax, Nova Scotia: 2005.

Acknowledgements

Gratitude is extended to Jerrica Coady, who while completing a health promotion internship with the Department of Health, completed a literature search and environmental scan which helped inform the research for this document.

These guidelines were compiled by Pyra Management Consulting Services Inc., with input and expertise provided by the members of the YHC Clinical Guidelines Sub-Committee. Members of the Committee are:

- Heather Christian
- Mary Beth LeBlanc
- Rhonda Phillips
- Joanne MacDonald

A reviewer of work done included:

- Dr. Christina Toplack

Informed Consent *and* Privacy

This manual is intended to solely provide a general overview of informed consent and privacy issues that need to be addressed within YHCs. It should not be used as a definitive source on any topics covered. It should be used to generate discussion and inquiry.

When developing policies and procedures related to consent and privacy, it is crucial that each YHC liaise with their governing body (e.g. District health authority, VON) and review the governing organization's policies. It may be necessary to discuss consent and privacy issues with the governing body's risk management and/or legal counsel to ensure YHC specific needs are accommodated appropriately.

Many different terms are used by professionals working in YHSs to define the work that they do.Please note that for the purposes of this document, treatment refers to all professional referral, assessment, testing, intervention, education, program planning, follow-up and evaluation activities.

Consent Issues

Toronto bioethicists created a top ten list of challenges within health care ethics and they listed obtaining informed consent in the health care setting as the seventh greatest challenge. They noted that theory about obtaining informed consent has not translated into health care practices. Many people cannot or do not read the consent forms they are asked to sign, or they do not understand what the forms say. Discussions that providers have with clients about consent to care are often done too quickly with little time left to answer questions. Cultural health interpreters are often not used to explain processes to clients whose first language is different than the language spoken by their providers.[1] Providers need to ensure that their discussions with clients regarding consent to treatment are appropriate, given the education, social and cultural backgrounds of the clients they serve.

What is Informed Consent?

Consent to medical treatment is said to be ***informed*** consent when the client has been given all the information about the treatment that a reasonable person would require to make a decision. The person has had the opportunity to receive answers to any additional questions they may have before they decide to receive treatment or not.[2] It is essential that the information is presented in an age-appropriate and culturally competent manner, to better ensure a client truly understands the content.[3]

Further information on cultural competence is available in the Nova Scotia Department of Health's: *Cultural Competence Guide for Primary Health Care Professionals in Nova Scotia*, found at: http://www.gov.ns.ca/health/primaryhealthcare/pubs/Cultural_Competence_guide_for_Primary_Health_Care_Professionals.pdf (Last accessed June 26 2006).

Obtaining consent better establishes a healthy working relationship between a provider and client, which can then result in improved levels of client functioning, symptom resolution, and improved emotional and physical health.[2]

Providers obtain informed consent from clients or someone acting on behalf of the client, before initiating treatment. Only under narrowly defined circumstances may a person provide treatment without consent, such as during a medical emergency.

Obtaining consent respects a client's ethical right to autonomy. Autonomy refers to a client's right to make independent decisions regarding their health. Focused on promoting health and well-being, YHCs strive to respect the autonomy of the youth who use their services. The validity of consent depends on a number of criteria having been met. These include:[2, 4, 5]

1. The consent must be free, voluntary and genuine;
2. The client must have mental capacity to consent to treatment;
3. The consent must be referable both to the treatment and to the person who is to administer that treatment;
4. The consent must be given by a client that is informed.

Consent can be withdrawn by the client at any time.[6]

Informed consent does not always have to be documented by a signature on a formal consent form; it may be orally stated or implied.[5] When a client signs a consent form, the signed form by itself is not proof that informed consent was obtained. A signed consent form is only the provider's record that a consent process occurred. Providers do often document *how* the informed consent process happened. Informed consent relies on a dialogue occurring between the provider and client. Before providing services, the provider needs to know that the client has understood the information that has been communicated and that the client is able to make an informed decision. Providers sometimes choose to write a note in the client's record or a group progress report outlining what was discussed and whether or not consent was obtained.[7]

In YHCs it is likely many procedures will not require youth to sign a consent form. Sometimes there is concern that asking an adolescent to sign a form may make them reluctant to seek treatment. Often, YHC providers will get informed consent for treatment by talking with the youth they work with. Once consent has been granted, the provider will document when and how the consent was obtained. The following is often followed to obtain and document informed consent.

Providers ensure that the client or the client's substitute decision maker is adequately informed about the proposed treatment, including:

i. The nature and purpose of the proposed treatment;
ii. The intended benefits;
iii. Material or probable risks or complications;
iv. The consequences of foregoing all treatment;
v. Alternatives available;
vi. Limitations on the confidentiality of information gathered during the provision of treatment.
(Please refer to page 55 for definitions of substitute decision makers.)

When informing a client about potential treatment, the provider considers, "What would a reasonable person in this client's situation want to know before consenting?" The provider ensures this information is discussed in a socially and culturally appropriate manner, and that consent is obtained before treatment occurs.

Consent may be obtained for a course of several treatments or interventions. Should a need arise during the course of intervention to provide a treatment not clearly part of the initially described treatment plan, separate consent must be obtained.

A primary provider is responsible to inform a client of all providers who may be involved in their care. Primary providers must obtain client consent for treatment administered by volunteers, other providers or students. This means that students or volunteers should not be the first point of contact with clients. Should a client withdraw consent while being treated by a volunteer, other provider or student, the primary provider must be informed of the client's withdrawal of consent.

The provider documents on the health record when informed consent is obtained for a single treatment or course of treatments. The provider notes on the health record or group progress report that the client has been adequately informed about: (1) who is providing treatment, and (2) the proposed treatment's (i) purpose, (ii) intended benefits, (iii) possible risks, (iv) the consequences of forgoing treatment and (v) alternatives available. A standard consent form may be used, or a progress note may be placed in the health record.

Some treatments available may not be socially and/or culturally acceptable to a client. It is important that providers do not make assumptions about a client's wishes, and that they determine each client's relevant choices and documents these decisions as part of the consent process. It would be helpful for YHCs to liaise and build relationships with individuals and organizations throughout the province to assist in understanding social and cultural issues relevant to the clients each YHC serves.

YHC Informed Consent Example

Let's look at an example in a YHC. A provider is going to show three videos over three weeks to a group of youth on the topics of smoking, healthy eating and sexuality. Following each video, the provider plans to lead an open discussion with participants exploring the youths' personal experiences with the topic areas. A student nurse hopes to observe the group. One student asks if the group can meet for an additional week so that the topic of drug use can also be explored.

In this situation, the provider does not ask participants to sign a consent form before participating in the activity. Instead, she makes sure that each youth is aware of the content of each video and why watching them may be useful. The provider lets the youth know that the group will openly discuss the content of each video and share life experiences. All youth are asked to keep what is discussed in the group confidential, but there is a risk others may hear and share disclosed life experiences outside the group setting. The provider outlines what important information the youth may miss if they do not see the videos. Should a youth make a choice not to participate in the group, the provider offers to loan them copies of the videos so they can watch them alone. The provider also lets each youth know that a nursing student would like to observe two of the group sessions.

In the above described situation, providers should also consider the types of information that will be shared and consider whether or not the content will be socially and culturally appropriate for the audience. Providers must work to ensure clients are included in decisions and provided options if their cultural and/or social background does not support them viewing particular types of information.

The provider reminds the youth that there are some types of disclosed personal information that the provider cannot keep confidential. An example of this would be disclosure of child abuse. She reminds the youth that a list of the types of information she cannot keep confidential is posted in the YHC. (Please refer to page 57 for a full list of these exceptions).

The provider had initially told each youth that there was a series of three videos to be shown over a three-week period. After receiving the request from one youth to explore a fourth topic on drug use, the provider obtains informed consent from each youth again. She makes sure each youth wants to participate and that they understand what is going to be viewed and discussed in the fourth session.

After obtaining consent from the youth, the provider documents on a group progress report that participants' informed consent was obtained for all sessions. The provider includes in the progress report that the youth were adequately informed that she was completing the session with a student nurse attending. She also notes that each youth was informed of the content of the videos, why they were likely useful, possible risks of sharing personal information with other youth, and what information would be missed if the videos were not watched. She also records that the videos were made available for loan so youth could choose to watch them in private.

After one session occurs, one of the youth tells the provider they are uncomfortable with the student nurse attending. The provider then makes sure that the student nurse does not attend the next session. This is also documented in the group progress note.

YHC providers need to be comfortable following this informed consent process when working with youth. When first considered, the process a provider must follow to obtain informed consent sometimes seems overwhelming. However, the process simply requires that providers take the time to discuss options fully with youth so they can make an informed decision about participating in treatment. Options must be discussed in language clients can understand. It is also imperative that providers do not make assumptions about youth's preferences or choices for treatment. It is imperative that the provider considers the person's cultural background and their sexual orientation prior to doing an assessment or suggesting treatments.

In this example, a group progress note was written. Every YHC is unique, and this may not be a form of documentation you use within your YHC. It may be helpful to discuss with your governing agency how your YHC will document informed consent processes.

Mature Minors

An individual's right to participate in certain activities is sometimes determined by a legally defined "age of majority". The legal "age of majority" often varies between provinces and sometimes depends on the activity being discussed. In Nova Scotia there is no "age of majority" defined for the activity of consenting to medical treatment. Without legislation in Nova Scotia with respect to establishing a cut-off age for minors and health care decisions, we rely on the common-law rule of the mature minor. The common law is judge-made law that is based on the precedents of court cases. Canadian common law outlines that any individual who is sufficiently mature, may be granted the legal right to independently consent or refuse health care treatment.[8-10]

On a case-by-case basis, to determine if an adolescent is a mature minor, a provider must subjectively assess the adolescent's capacity to:

- Understand the nature, purpose and consequences of the treatment;
- Comprehend the foreseeable risks and benefits of giving or refusing consent.[4,5,8-10]

During this assessment, providers might also consider an adolescent's:

- Ability to independently think and make choices;
- Ability to understand and communicate information relevant to the situation.[3, 11]

An adolescent may be considered a mature minor for an intervention that is relatively simple. This same adolescent may not be considered a mature minor when it is thought they do not have capacity to consent to more complex treatments.[8-10]

The mature minor rule treats children in the same way that adults are assessed for capacity to consent to treatment. Therefore, you do not treat a child any differently than you would an adult. Regardless of age, a child is capable of consenting (or refusing consent) if she or he is able to appreciate the nature and purpose of the treatment and the consequences of giving or refusing informed consent.

When unsure if a minor has the capacity to consent to treatment, providers may consult their manager, an ethics professional, colleague or psychiatrist to aid in making that subjective assessment.[8, 9]

The consent of a mature minor is all that is required to proceed with treatment; the parent or guardian's consent is not required, nor can a parent or guardian overturn a mature minor's decision [4, 8-11]

When appropriate, providers may reinforce with adolescents the importance of involving parents/caregivers in health decisions, but do not coerce them to do so.[3, 4, 9] A family-centred approach can be used to outline how treatment decisions will affect all family members.[11]

Emancipated Minors

Under common law, an emancipated minor is a person who is younger than the age of majority, who lives apart from their parents or guardian(s), is not dependent economically on parents or guardian(s), and/or is married.

Some providers believe an emancipated minor likely has capacity to consent to treatment given they are no longer dependent on their parents or guardian(s). Regardless of whether or not a minor is emancipated, providers must determine if the individual has the capacity to consent for the particular health treatment being recommended. Being emancipated does not automatically ensure capacity to consent.[10]

Substitute Decision Makers for Youth

When an adolescent lacks capacity to independently consent to treatment, parental or guardian consent is required. Treatment can only be given without consent in situations where parents or guardians are unavailable, and where withholding treatment imposes an immediate and/or serious threat to the client's health.[8]

When a minor is not capable of providing consent, parents or guardian(s) often assume the role of a substitute decision maker. On occasion, parents or guardians may know what their child's wishes are in regards to treatment, but the child is not deemed a mature minor at the time the consent is required. A substitute decision maker's choices need to reflect the client's wishes regarding treatment when these are known.[3] In making a treatment decision, the substitute decision maker must consider the client's values and beliefs, the impact of treatment on the client's well-being, and whether the benefits of treatment are greater than potential harm, and/or whether a different treatment should be explored.[5]

In YHCs, providers might encounter situations with substitute decision makers. For example, a youth may have been sexually active one evening, and the following morning arrives at a YHC to get emergency contraception. After subjectively assessing the adolescent's capacity to consent (as outlined on page 52), the provider determines that the youth is not able to fully understand and communicate information relevant to the situation. It is therefore decided the youth does not have capacity to consent to this treatment. The provider explains this to the youth, and also explains that the proposed treatment cannot be given without consent being granted by the youth's parents. The provider explains to the youth that they will only disclose information to the parent that is relevant to the proposed treatment. The youth decides they do want

the treatment, so they agree to have the provider speak to their mother. The youth's mother has brought her to the YHC, and the mother is then asked to act as the substitute decision maker. The mother gives informed consent for the emergency contraception to be administered.

Providers are not required to obtain documented proof (e.g. identification) from an individual who claims they have substitute decision-making responsibilities.[5]

Parents or guardians of a minor, who do not have capacity to consent to their own care, cannot act as a substitute decision maker for the child.[7]

When parental consent is required and both parents remain joint guardians, both parties are expected to grant consent. For routine procedures, one parent often provides consent on behalf of both parents. For more complex treatments it is prudent to acquire both parents' consent to treatment for the adolescent[8]. With most routine procedures happening in YHCs, when a youth cannot consent to a treatment, it is not likely that providers would need to seek both parents consent.

A YHC's documented guidelines for informed consent must work with its governing body's informed consent policy (e.g. District Health Authority, VON).

Privacy Issues

Confidentiality

Providers are legally required to keep client information confidential. For mature minors this means the provider does not disclose information to parents or anyone else without the minor's consent to do so. It is essential confidentiality is maintained by YHC employees, volunteers and committee members. Youth may be less inclined to seek health services if they fear YHC staff and volunteers may disclose information related to issues such as their personal life, sexual activity, or illnesses.[9]

There are some exceptions to this confidentiality requirement. Providers are required to:

- Report to third parties the disclosure of imminent and serious dangers. For this situation there must be:
    - a clear risk to an identifiable group of persons;
    - a risk of serious bodily harm or death; and
    - the risk of bodily harm or death must be imminent.

Providers also have legislative reporting requirements as outlined below:

- Duty to report notifiable diseases—Section 31 of the Health Protection Act;
- Duty to report a child in need of protective services—Sections 22 to 25 of the Children and Family Services Act;
- Duty to report deserted newborn child—Section 7 of the Vital Statistics Act;
- Duty to report an adult in need of protection—Section 5 of the Adult Protection Act. In this Act, an "adult" is defined as a person of 16 years of age and older.

(For your reference, Appendix 1 contains relevant excerpts from the Acts listed above.)

In this way, confidentiality is strongly linked to consent. To truly be informed of consequences to participating in treatment, youth have a right to know that certain disclosed, discovered or suspected situations must be reported by their provider. With this information, the youth can make an informed choice whether or not to participate in treatment.

So what happens when it is decided an adolescent does not have the capacity to consent to treatment, but they request the provider maintain their confidentiality and not disclose their health information to a parent or guardian?

It appears this issue has not yet been settled by Canadian courts. Some argue at times it is in the best interest of the minor to not disclose, while others argue the provider is denying the parent their substitute decision maker role by withholding information. For these types of difficult decisions, providers need to consider each case individually, and perhaps seek additional advice before making a decision.

Some health professionals may choose to not offer certain preventative treatments to youth.[4, 10, 13] If they decide to not offer services, health professionals should refer clients to another practitioner for a second opinion.[3] YHCs should discuss these general ethical issues with youth to explore the complexity of consent and privacy issues and to ultimately seek resolution to potential conflicts.

It is also important to note that the health policies surrounding informed consent and privacy for youth health centres may differ from school based policies on consent and privacy. For services provided in YHCs, it is crucial that health policies govern informed consent and privacy decisions. It may be helpful to discuss with school partners the similarities and/or differences between policies governing the YHC and the school. Through such dialogue, all providers of services within a school setting will have an opportunity to more thoroughly understand and respect each other's services and responsibilities.

Privacy Legislation

It is necessary that employees, volunteers and committee members working with YHCs are aware of clients' rights for privacy. Health professionals' codes of ethics usually state privacy of client information must be maintained.

For health services provided in Nova Scotia, there are multiple sources of legislation that may apply to ensuring privacy. Provincially these include: the Nova Scotia Hospitals Act and the Freedom of Information and Protection of Privacy Act (FOIPOP). Federally this includes the Personal Information Protection and Electronic Documents Act (PIPEDA).

Personal information includes a client's:

- Name
- Age
- Weight
- Height
- Health records
- Income
- Purchases
- Race
- Ethnic origin
- Disability status
- Sexual orientation
- Gender identity
- Colour
- DNA
- Blood type
- Fingerprints
- Marital status
- Religion
- Education
- Home address and phone number

There has been considerable debate as to how FOIPOP and PIPEDA apply to health information, and a review of this legislation is beyond the scope of this manual. As the legislation is debated, it is highly recommended that YHCs follow the principles outlined in the legislation, ensuring that:[12, 13]

- Employees, volunteers and committee members of YHCs are adequately trained to understand their responsibilities in maintaining client personal information;
- Clients are informed as to why personal information is collected by YHCs, through posters or brochures;
- Personal information is only collected about a client when the client directly provides it to the YHC;
- Personal information is only used by YHCs for the purposes the client has been told it will be used for;
- YHCs have policies in place to ensure personal information is physically secured, so it is not lost, misused, altered or destroyed unintentionally;
- Documents containing client personal information are destroyed as required by the YHC's governing agency;
- Personal client information sent via fax, email and phone systems is done according to the YHC's governing agency's policy;
- Health records are contained in locked cabinets;
- YHCs only disclose client personal information to third parties under release of information policy guidelines;

- Clients are able to follow a defined process to gain access to their personal health information that the YHC keeps;
- Staff and volunteers are aware of privacy legislation and have signed confidentiality agreements;
- A process exists to deal with client complaints regarding the YHC's collection and/or use of their personal information.

The Office of the Privacy Commissioner of Canada has published a resource titled *Your privacy responsibilities: Canada's personal information protection and electronic documents act.*[15] This reference contains a privacy questionnaire that may be helpful for YHCs to use as they review their responsibilities related to privacy.

Rules and legislation regarding consent and privacy can be intimidating. It is important that YHCs discuss these topics with the youth using their centres. As YHC policies and procedures are developed related to consent and privacy, focus groups or other forums should be used to gather input from youth. Incorporating the feedback youth provide, YHCs will hopefully be able to use effective ways to comply with legislation and communicate their responsibilities.

Appendices

Appendix 1: Excerpts from Provincial Acts in Nova Scotia

Children and Family Services Act

Child is in need of protective services:

22 (1) In this Section, "substantial risk" means a real chance of danger that is apparent on the evidence.

(2) A child is in need of protective services where

(a) the child has suffered physical harm, inflicted by a parent or guardian of the child or caused by the failure of a parent or guardian to supervise and protect the child adequately;

(b) there is a substantial risk that the child will suffer physical harm inflicted or caused as described in clause (a);

(c) the child has been sexually abused by a parent or guardian of the child, or by another person where a parent or guardian of the child knows or should know of the possibility of sexual abuse and fails to protect the child;

(d) there is a substantial risk that the child will be sexually abused as described in clause (c);

(e) a child requires medical treatment to cure, prevent or alleviate physical harm or suffering, and the child's parent or guardian does not provide, or refuses or is unavailable or is unable to consent to, the treatment;

(f) the child has suffered emotional harm, demonstrated by severe anxiety, depression, withdrawal, or self-destructive or aggressive behaviour and the child's parent or guardian does not provide, or refuses or is unavailable or unable to consent to, services or treatment to remedy or alleviate the harm;

(g) there is a substantial risk that the child will suffer emotional harm of the kind described in clause (f), and the parent or guardian does not provide, or refuses or is unavailable or unable to consent to, services or treatment to remedy or alleviate the harm;

(h) 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 guardian does not provide, or refuses or is unavailable or unable to consent to, services or treatment to remedy or alleviate the condition;

(i) the child has suffered physical or emotional harm caused by being exposed to repeated domestic violence by or towards a parent or guardian of the child, and the child's parent or guardian fails or refuses to obtain services or treatment to remedy or alleviate the violence;

(j) the child has suffered physical harm caused by chronic and serious neglect by a parent or guardian of the child, and the parent or guardian does not provide, or refuses or is unavailable or unable to consent to, services or treatment to remedy or alleviate the harm;

(ja) there is a substantial risk that the child will suffer physical harm inflicted or caused as described in clause (j);

(k) the child has been abandoned, the child's only parent or guardian has died or is unavailable to exercise custodial rights over the child and has not made adequate provisions for the child's care and custody, or the child is in the care of an agency or another person and the parent or guardian of the child refuses or is unable or unwilling to resume the child's care and custody;

(l) the child is under twelve years of age and has killed or seriously injured another person or caused serious damage to another person's property, and services or treatment are necessary to prevent a recurrence and a parent or guardian of the child does not provide, or refuses or is unavailable or unable to consent to, the necessary services or treatment;

(m) the child is under twelve years of age and has on more than one occasion injured another person or caused loss or damage to another person's property, with the encouragement of a parent or guardian of the child or because of the parent or guardian's failure or inability to supervise the child adequately.

Duty to report

23 (1) Every person who has information, whether or not it is confidential or privileged, indicating that a child is in need of protective services shall forthwith report that information to an agency.

(2) No action lies against a person by reason of that person reporting information pursuant to subsection (1), unless the reporting of that information is done falsely and maliciously.

(3) Every person who contravenes subsection (1) is guilty of an offence and upon summary conviction is liable to a fine of not more than two thousand dollars or to imprisonment for a period not exceeding six months or to both.

(4) No proceedings shall be instituted pursuant to subsection (3) more than two years after the contravention occurred.

(5) Every person who falsely and maliciously reports information to an agency indicating that a child is in need of protective services is guilty of an offence and upon summary conviction is liable to a fine of not more than two thousand dollars or to imprisonment for a period not exceeding six months or to both.

Duty of professionals and officials to report

24 (1) In this Section, "suffer abuse", when used in reference to a child, means be in need of protective services within the meaning of clause (a), (c), (e), (f), (h), (i) or (j) of subsection (2) of Section 22.

(2) Notwithstanding any other Act, every person who performs professional or official duties with respect to a child, including

(a) a health care professional, including a physician, nurse, dentist, pharmacist or psychologist;

(b) a teacher, school principal, social worker, family counsellor, member of the clergy, operator or employee of a day-care facility;

(c) a peace officer or a medical examiner;

(d) an operator or employee of a child-caring facility or child-care service;

(e) a youth or recreation worker, who, in the course of that person's professional or official duties, has reasonable grounds to suspect that a child is or may be suffering or may have suffered abuse shall forthwith report the suspicion and the information upon which it is based to an agency.

(3) This Section applies whether or not the information reported is confidential or privileged.

(4) Nothing in this Section affects the obligation of a person referred to in subsection (2) to report information pursuant to Section 23.

(5) No action lies against a person by reason of that person reporting information pursuant to subsection (2), unless the reporting is done falsely and maliciously.

(6) Every person who contravenes subsection (2) is guilty of an offence and upon summary conviction is liable to a fine of not more than five thousand dollars or to imprisonment for a period not exceeding one year or to both.

(7) No proceedings shall be instituted pursuant to subsection (6) more than two years after the contravention occurred.

(8) Every person who falsely and maliciously reports information to an agency indicating that a child is or may be suffering or may have suffered abuse is guilty of an offence and upon summary conviction is liable to a fine of not more than two thousand dollars or to imprisonment for a period not exceeding six months or to both.

Duty to report third-party abuse

25 (1) In this Section, "abuse by a person other than a parent or guardian" means that a child

(a) has suffered physical harm, inflicted by a person other than a parent or guardian of the child or caused by the failure of a person other than a parent or guardian of the child to supervise and protect the child adequately;

(b) has been sexually abused by a person other than a parent or guardian or by another person where the person, not being a parent or guardian, with the care of the child knows or should know of the possibility of sexual abuse and fails to protect the child;

(c) has suffered serious emotional harm, demonstrated by severe anxiety, depression, withdrawal, or self-destructive or aggressive behaviour, caused by the intentional conduct of a person other than a parent or guardian.

(2) Every person who has information, whether or not it is confidential or privileged, indicating that a child is or may be suffering or may have suffered abuse by a person other than a parent or guardian shall forthwith report the information to an agency.

(3) Every person who contravenes subsection (2) is guilty of an offence and upon summary conviction is liable to a fine of not more than two thousand dollars or to imprisonment for a period not exceeding six months or to both.

(4) No proceedings shall be instituted pursuant to subsection (3) more than two years after the contravention occurred.

(5) No action lies against a person by reason of that person reporting information pursuant to subsection (2) unless the reporting of that information is done falsely and maliciously.

(6) Every person who falsely and maliciously reports information to an agency indicating that a child is or may be suffering or may have suffered abuse by a person other than a parent or guardian is guilty of an offence and upon summary conviction is liable to a fine or not more than two thousand dollars or to imprisonment for a period not exceeding six months or to both.

Excerpted from: Children and Family Services Act, Statutes of Nova Scotia 1990, c.5

Health Protection Act

Reporting notifiable disease or condition

31 (1) A physician, a registered nurse licensed pursuant to the Registered Nurses Act or a medical laboratory technologist licensed pursuant to the Medical Laboratory Technology Act who has reasonable and probable grounds to believe that a person

(a) has or may have a notifiable disease or condition; or

(b) has had a notifiable disease or condition, shall forthwith report that belief to a medical officer.

(2) A principal of a public school or the operator of a private school under the Education Act who has reasonable and probable grounds to believe that a student in the school

(a) has or may have a notifiable disease or condition; or

(b) has had a notifiable disease or condition, shall forthwith report that belief to a medical officer.

(3) An administrator of an institution who has reasonable and probable grounds to believe that a person who is a resident of the institution

(a) has or may have a notifiable disease or condition; or

(b) has had a notifiable disease or condition, shall forthwith report that belief to a medical officer.

(4) An individual or member of a class of individuals, under such circumstances as prescribed by the regulations, who has reasonable and probable grounds to believe that a person

(a) has or may have a notifiable disease or condition; or

(b) has had a notifiable disease or condition, shall forthwith report that belief to a medical officer.

(5) A physician, registered nurse licensed pursuant to the Registered Nurses Act or an administrator of an institution who believes that an illness is serious and is occurring at a higher rate than is normal, shall forthwith report that belief to a medical officer.

(6) A physician signing a death certificate who has reasonable and probable grounds to believe that the person who died suffered from a notifiable disease or condition at the time of death shall forthwith report that belief to a medical officer.

Excerpted from: Health Protection Act, Statutes of Nova Scotia 2004, c.4

Vital Statistics Act

Information on deserted new-born

7 (1) Where a new-born child is found deserted, the person who finds the child, and any person in whose charge the child is, shall give to the division registrar, within seven days after the finding or taking charge of the child, such information as he possesses respecting the particulars required to be registered concerning the birth of the child.

(2) The division registrar, upon receipt of such information regarding the birth of the child and upon being satisfied that every reasonable effort has been made to identify the child without success, shall

(a) require the person who found or has charge of the child to complete a statutory declaration concerning the facts of the finding of the child and to complete, so far as the person is able, a statement in the prescribed form required under subsection (2) of Section 4;

(b) cause the child to be examined by the local medical officer of health or a medical practitioner with a view to determining as nearly as possible the date of the birth of the child, and require the examiner to make a statutory declaration setting forth the facts as determined by the examination; and

(c) make a detailed report of the case and transmit to the Registrar the evidence regarding the birth of the child.

(3) A medical practitioner shall be paid out of the Consolidated Fund of the Province the prescribed fee for an examination made by him under subsection (2).

(4) The Registrar, upon receipt of the report and the evidence mentioned in subsection (2), shall review the case and, if he is satisfied of the correctness and sufficiency of the matters stated, shall register the birth, and the registration shall, subject as herein provided, establish for the child a date of birth, a place of birth and a surname and given name.

(5) The Registrar, upon registering a birth under this Section, shall transmit forthwith to the Minister of Community Services a copy of all documents respecting the child filed pursuant to this Section.

(6) If subsequent to the registration of a birth under this Section the identity of the child is established to the satisfaction of the Registrar or further information with respect thereto is received by him, and he is satisfied of the accuracy of the information, he shall cancel, add to or correct the registration of the birth made under this Section.

(7) The Registrar shall notify the Minister of Community Services forthwith of any action taken under subsection (6).

(8) Where a person has received a certificate issued in respect of the registration of the birth of a child made under subsection (4), if the registration is cancelled, added to or corrected under subsection (6), he shall deliver the certificate to the Registrar for cancellation if the Registrar so requires.

(9) Where a person delivers a certificate to the Registrar under subsection (8), he shall be entitled to receive without fee a certificate respecting the registration of the birth of the child if there is a registration.

Excerpted from: Vital Statistics Act, Revised Statutes of Nova Scotia, 1989, c.494

Adult Protection Act

3 In this Act,

(a) "adult" means a person who is or is apparently sixteen years of age or older;

(b) "adult in need of protection" means an adult who, in the premises where he resides,

(i) is a victim of physical abuse, sexual abuse, mental cruelty or a combination thereof, is incapable of protecting him self therefrom by reason of physical disability or mental infirmity, and refuses, delays or is unable to make provision for his protection therefrom, or

(ii) is not receiving adequate care and attention, is incapable of caring adequately for himself by reason of physical disability or mental infirmity, and refuses, delays or is unable to make provision for his adequate care and attention;

Duty to report information

5 (1) Every person who has information, whether or not it is confidential or privileged, indicating that an adult is in need of protection shall report that information to the Minister.

No action lies

(2) No action lies against a person who gives information under subsection (1) unless the giving of the information is done maliciously or without reasonable and probable cause

Excerpted from: Adult Protection Act, Revised Statutes of Nova Scotia, 1989, c.2

End Notes

(1) Breslin JM, MacRae SK, Bell J, Singer PA. Top 10 health care ethics challenges facing the public: Views of Toronto bioethicists. University of Toronto Joint Centre for Bioethics. Available at: http://www.utoronto.ca/jcb/home/documents/Top10Challenges.pdf. Accessed January 10, 2005.

(2) Etchells E, Sharpe G, Walsh P, Williams JR, Singer PA. Bioethics for clinicians 1 Consent. Canadian Medical Association Journal [Serial Online]. 1996;155:177-180.

(3) Canadian Pediatric Society. Treatment decisions regarding infants, children and adolescents. Pediatric Child Health [Serial Online]. 2004;9(2):99-103.

(4) Tillett J. Adolescents and informed consent: Ethical and legal issues. Journal of Perinatal Neonatal Nursing [Serial Online]. 2005;19(2):112-121.

(5) College of Nurses of Ontario. Practice guideline: Consent. 2004. Available at: www.cno.org/docs/policy/41020_consent.pdf. Accessed October 1, 2005.

(6) The College of Physicians and Surgeons of Ontario. Consent to medical treatment. Toronto, Ontario: 2001.

(7) Children's & Women's Health Centre of British Columbia. Informed consent to care and treatment: Policy and procedure. Vancouver, BC: Children's & Women's Health Centre of British Columbia; 2002.

(8) Picard EI, Robertson GB. Legal liability of doctors and hospitals in Canada. Scarborough, Ontario: Carswell Publishing; 1996. No. 3rd edit.

(9) Davis VJ, Mykitiuk R. The rights of the adolescent: The mature minor. Society of Obstetricians and Gynaecologists of Canada [Serial Online]. 2001;23(4):343-345.

(10) Rozovsky LE. The Canadian law of consent to treatment. Markham, ON: LexisNexis Canada Ltd.; 2003.

(11) Harrison C, Kenny NP, Sidarous M, Rowell M. Bioethics for clinicians: 9. involving children in medical decisions. Canadian Medical Association Journal [Serial Online]. 1997;156(6):825-828.

(12) The College of Family Physicians of Canada. Privacy legislation: A critical review for family physicians. 2003. Available at: www.cfpc.ca/English/cfpc/communications/. Accessed October 5, 2005.

(13) Larcher V. ABC of adolescence: Consent, competence, and confidentiality. British Medical Journal. 2005;330:353-356.

(14) Steinecke R. What every practitioner needs to know about privacy legislation. Steinecke Maciura LeBlanc Barristers and Soliciters; 2003.

(15) Office of the Privacy Commissioner of Canada. Your privacy responsibilities: Canada's personal information protection and electronic documents act. 2004. Available at: www.privcom.gc.ca/information/guide_e.pdf. Accessed July 4, 2006.

Acknowledgements

Gratitude is extended to Jerrica Coady, who while completing a health promotion internship with the Department of Health, completed a literature search and environmental scan which helped inform the research for this document.

These guidelines were written by Pyra Management Consulting Services Inc., with input and expertise provided by the members of the YHC Informed Consent Sub-Committee.

Members of the Committee are:

- Heather Christian
- Susan Coulter
- Michelle Gignac (adhoc)
- Sara Gorelick (adhoc)
- Mary Beth LeBlanc
- Tracey Martin
- Krista MacMullin
- Leighann Wichman

Guidelines

for Youth Health Centres *in Nova Scotia*

NOVA SCOTIA

Health Promotion and Protection

www.gov.ns.ca/hpp

07155/Aug09 NEW06-07

Aussi disponible en français