



SCOPE

Hazard Assessment

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OHS & WELLNESS

IMPETUS

- ❖ Who is SCOPE?
- ❖ Who we supported historically.
- ❖ Who we support?



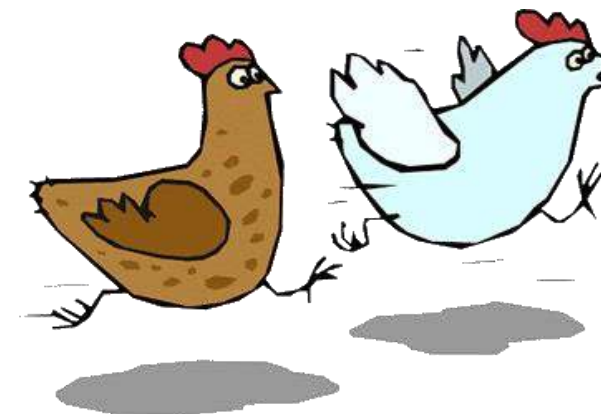
“The World is Your Oyster”

- ❖ Impact to client lives & safety (i.e. homelessness, significant risk/chased with shards of glass)
- ❖ Chronic, inappropriate use of other systems (i.e. perpetual cycle of EMS, hospitalization & discharge)police involvement significantly increases the risk of retraumatization and /or bodily harm)
- ❖ Institutionalization (segway to “Phylis” story)

PROCESS

“WHAT ARE YOU.....CHICKEN?”

- ❖ Process was led by a SCOPE client; leveraged our own mission statement and mandate to bring about massive shift in how SCOPE thought about and delivered service to clients.
- ❖ Talk about what “Phylis” said she needed (i.e., lockable environment, time out room, rules, structure, etc.)
- ❖ SCOPE pulled in many community partners and stakeholders to help build services for Phylis. (i.e., psychiatrists, psychologists, funders, guardians, clients, etc.)



CHALLENGES

- ❖ Initial buy in was very limited (i.e. internally & externally)
- ❖ At the time, SCOPE could not find any other community-based service provider offering this type of support.
- ❖ No seclusion room blueprints; no seclusion room protocols
- ❖ Operation of service of this nature was very much a grey area; SCOPE operated for many years with Ministerial approval.
- ❖ Non-Violent Crisis Intervention (NVCI) training did not meet the full spectrum of supports required for this high crisis model of support

(i.e. Initially there were no safety interventions to manage risk once the individual ended up on the floor/ground (staff taught to let go; individual engage in self-harm).

OPPORTUNITIES

- ❖ Expanded NVCI content; creation of advanced physical skills allowed SCOPE to train staff to manage risk on the floor/ground, thereby mitigating self harm for clients.
- ❖ Creation of SEP; tone of service; SCOPE had to tender for service
- ❖ Learning to build environments which maximized safety for staff & clients; SR's have evolved in response to advancements in learning and technology; incidents of aggression increased dramatically.
- ❖ Tri-partite agreements (AHS has indicated they have many more individuals)
- ❖ Level of complexity of individuals coming into service was continuously increasing; need for sector wide & cross sector protocols for complex service delivery.
- ❖ Risk management lens of secure treatment generated learning and expertise that began to migrate across all client programs.

OPERATIONALIZING

- ❖ Seclusion room construction (evolution has been internally driven)
- ❖ SCOPE has recruited & trained their own contractors
- ❖ Tri-partite/treatment advisory committees (with consulting psychologist... external oversight to ensure services are clinically sound and delivered ethically)
- ❖ Staffing ratios
- ❖ Creation of full speed CPI




- Original Seclusion Room (2004)



Seclusion Room (2023)



FUTURE

- ❖ Alberta Council of Disability Services (ACDS) has adopted new standards written by SCOPE into their accreditation process. 
- ❖ Provincial mentoring of complex/secure treatment to other organizations.
- ❖ One of our most significant learnings on our path to OH&S compliances has been that we're already mitigating and managing risk, we just aren't speaking about the work in formalized OH&S language.
- ❖ Our hope is that days like today, and the conversations that ensue, will serve as reassurance to many human service sector organizations that your OH&S work has already begun.

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