



## **Human Rights Committee and Client Rights Restrictions**

Alberta Professional Services will have a Human Rights Committee (HRC), which will meet every 3 months. The HRC will meet by video call if they can't meet in person (like during the pandemic). Between meetings, the Chairperson of the HRC is available to review and approve the use of any restriction of rights until the next meeting.

More than half of the voting members will be community members, clients, former clients, or family members that have personal experience or professional expertise with the people served.

Per [10A NCAC 27G .0504](#) (the state law) The Human Rights Committee shall review concerns brought by a client, client advocate, parent, legally responsible person, staff, or others related to any:

- restrictions to a person's rights
- Complaints or grievances from a person served
- Possible (alleged) violations of rights, abuse, neglect, or exploitation
- concerns regarding the use of restrictive acts, such as physical restraint or removal of property, etc.
- and any concerns about the failure to provide needed services

**ALL PLANNED RESTRICTIONS OF A PERSON'S RIGHT'S MUST BE APPROVED IN WRITING BY THE GUARDIAN AND THE COMMITTEE BEFORE IT IS IMPLEMENTED.** For example, if a person is prone to unsafe behaviors, a plan will be made to guide the use of assistance by staff and approved by the guardian and committee. **ANY UNPLANNED USE OF RESTRICTIONS REQUIRES A LEVEL II INCIDENT REPORT.** So if there is no approved plan, and a person is a danger to themselves or others, caregiver must assist in keeping them safe and/or calming them down. If physical restraints or property removal happens as a result, the QP must report this in a level two incident report to the state.

If a planned restriction of client rights seems like it might be needed for severe health and safety concerns:

- Start by discussing the concern with the Qualified Professional (QP) assigned to the client. If the QP deems the restriction necessary to help keep the client safe, the QP can bring that information to the attention of the treatment team.
- If the restriction is related to behavior, the treatment team may suggest the client receive Specialized Consultative Services (SCS). SCS is provided by a psychologist or other behavior professional, who writes a behavior plan for the



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- treatment team to follow. Staff will collect data related to the restriction/s so that the continued use of the restriction can be assessed continually.
- If the treatment team (which includes the behavior professional) has exhausted all other less restrictive options for managing the client's behavior, they may consider requesting a restriction.
- The restriction, developed by the treatment team and/or the psychologist, must be written and submitted to the HRC for approval. The guardian, the QP, and the HRC representative must sign the behavior plan /restrictive guidelines and agree to it.
- Restrictions must be reviewed by the committee every 3 months (90 days), when it will be decided whether it needs to continue, end, or be phased out.

Procedure for evaluating continued need of restriction:

- Restrictions are only approved for 90 days.
- Behavior data must be gathered to show evidence of continued need
- Assessment for continued need must be done to request the restriction to be renewed by the HRC
- The HRC will request to see this information to approve the restriction for another 90 days.

It is always the goal to lift the restriction as soon as possible and to continually be seeking less restrictive options to manage the behavior and keep clients safe.

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| <b>This forms meets these standards</b>               |
| Authority: 10A NCAC 27G .0504; CARF 2022 ECS 2.A.16.b |