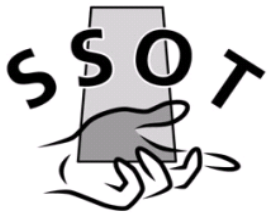

Saskatchewan Society
of Occupational Therapists

Consent Guidelines for Occupational Therapists working with students in the Saskatchewan Educational System

October 2010

ESSENTIAL COMPETENCIES:

Occupational Therapists (OT) in Saskatchewan must follow specific standards set by SSOT. The Essential Competencies of Practice for Occupational Therapists in Canada, (2nd edition, June 2003) is the standard that defines the clinical and professional competencies expected of an OT in any province. In this document it is stated that OT must ensure appropriate consent is received prior to and throughout their service provision. This consent consists of four requirements:

- Knowing and adhering to regulatory, legislative and service requirements regarding informed consent.
- Knowing the principles of and demonstrating in practice a process for obtaining informed consent.
- Obtaining consent of involvement of other providers (Educational Associates, OT assistants, OT students).
- Identifying steps where informed consent may be problematic and takes steps to rectify problems.

LEGAL DEFINITION OF CONSENT:

In order for consent to be legally valid:

- The person must have the capacity to give consent
- Consent must be given voluntarily
- Consent must be informed (Wikipedia, 2010)

CONSENT WITHIN THE EDUCATIONAL SYSTEM:

Over the past years the role of OT's in the school system has expanded. As OT's in Saskatchewan, consent is required and is an essential competency for practice. Consent is unique in educational system because:

- The student is the client. Since these students are not the legal age of majority it is advisable that the parent/guardian provide consent.
- A parent/guardian may not be aware of students need for OT service.
- The parents/guardians may not be present during OT involvement.
- There are different levels of OT involvement that require differing levels of consent

This document will provide consent process guidelines to develop consistent practice for OTs working with students in the educational system in Saskatchewan. These guidelines need to be interpreted by the individual OT within the practice setting. The OT will use *clinical judgment* to determine the most appropriate process for individual student situations.

In the educational system there are 2 types of consent:

1) **Implied –** Parents, by sending their children to school, provide implied consent to the education system to undertake all reasonable actions to provide their child with a quality education. OT strategies that are universal for student learning are viewed as being fundamental to the educational system.

   Examples:
   - May be given by the words or behavior of the parent/guardian or by the circumstances under which service is given.
   - Implied consent is facilitated by the provision of information regarding the role of the OT as a member of the educational team. This information can be transmitted in many ways. ie: brochure, school newsletter

2) **Informed –** When the school team identifies individual students at risk who may require specific OT involvement beyond universal strategies, informed consent is required.

   Examples:
   - Assessment
   - Student/group specific involvement

   Informed Consent must be:
   - ***Specific*** to the proposed involvement
   - ***Freely*** made without fraud or duress
   - ***Dialogue*** and sharing of information between OT and parent/guardian
   - ***Documented***
   - ***Informed*** which generally includes:
     - ✓ The nature of the proposed involvement and risks.
     - ✓ The parent/guardian having the opportunity to ask questions and be satisfied with the answers.
     - ✓ Disclosing the consequences of omitting the proposed involvement.
     - ✓ Disclosing reasonable alternative forms of programming with their risks and benefits.
     - ✓ Addressing parent/guardian individual concerns about the proposed involvement.
     - ✓ If OT programming (or part thereof) is to be delegated, advising the parent/guardians that others will be involved in the care of the student.
     - ✓ Documenting the process and unique circumstances.
     - ✓ Having a process to obtain the informed consent.

Informed consent is not solely a form including signature and witnesses, handouts or informative materials. (Alberta College of Occupational Therapists, 1992; College of Occupational Therapists of British Columbia, 2008; College of Occupational Therapists

of Manitoba, 2006; College of Occupational Therapists of Ontario, 2008; Hobson, 2001 & Wikipedia, 2010)

Length of Informed Consent

- Consent is valid for the length of the specified plan as discussed with the parent/ guardian at the time of gaining consent.
- Informed consent is considered to remain valid unless the parent/guardian giving consent rescinds it.
- Potential reasons for needing new / further consent:
  - ✓ New teacher
  - ✓ New support team
  - ✓ Child growth, maturity, development, relocation

RESPONSE TO INTERVENTION FRAMEWORK:

The Ministry of Education of Saskatchewan has adopted the Response to Intervention (RtI) framework. RtI integrates assessment and intervention within a multi-level prevention system to maximize student achievement and to reduce behavior problems. With RtI, schools identify students at risk for poor learning outcomes; provide evidence based intervention and adjust the intensity and nature of those interventions depending on student responsiveness; and monitor student progress.

RtI is a multi-tiered model that seeks to empower school personnel and facilitate support to students who are at risk for academic failure due to learning or behavior difficulties. Instructional interventions are provided at three different tiers:

Tier 1 – Universal strategies designed to meet the needs of all students
Tier 2 – Addresses needs of targeted students
Tier 3 – Students that require more intensive or specialized involvement

It is within the RtI model that these consent guidelines have been developed. The type of consent required varies for each tier. The OT roles and responsibilities regarding consent in each tier are discussed below. (see Appendix A) (Cahill, 2007; Clark & Polichino, 2010; Nanof, 2007)

Tier 1:
Implied
Tier 1 involves general education, including effective core instruction and universal screening. In this tier it is reasonable to assume that a parent has provided implied consent to the education system to provide their child with a quality education. This would encompass OT involvement with classroom based instruction, universal strategies and identifying issues that may impact the ability of a child to achieve their educational potential.

Examples of Tier 1 OT involvement:

- Universal screening (i.e. Kindergarten screening)

- Co-teaching in the classroom (i.e. self regulation, handwriting)
- Classroom environmental recommendations given to a teacher. (i.e. observing classroom and providing options for addressing attention concerns with the whole class as opposed to making mention of a specific student)
- Education to teachers, EA's, etc. on universal strategies.

Tier 2:
Implied or Informed
Tier 2 involves supports that are targeted to students at risk. The consent may be implied or informed dependent upon the OT's clinical judgment and involvement. If informed consent is required the OT ensures informed consent is obtained prior to and throughout their involvement and the consent process must be documented (see Appendix B for sample forms).

Examples of Tier 2 OT involvement:
- Includes all Tier 1 green zone involvements **(Implied)**
- Involvement with an identified small group of students who are struggling in regular curriculum **(Implied or Informed)**
- Informal and/or formal student assessment **(Informed)**
- Review of/or recommendations for the Record of Adaptations or universal strategies **(Implied or Informed)**

Tier 3:
Informed
Tier 3 involves intensive or specialized OT involvement. The consent must be informed. OT ensures informed consent is obtained prior to and throughout their involvement and the consent process must be documented (see Appendix B for sample forms).

Examples of Tier 3 OT involvement:
- Informal or formal assessment
- Student specific classroom observation
- Personalized program plan involvement with a specific student
- Individual student programming
- Small group programming

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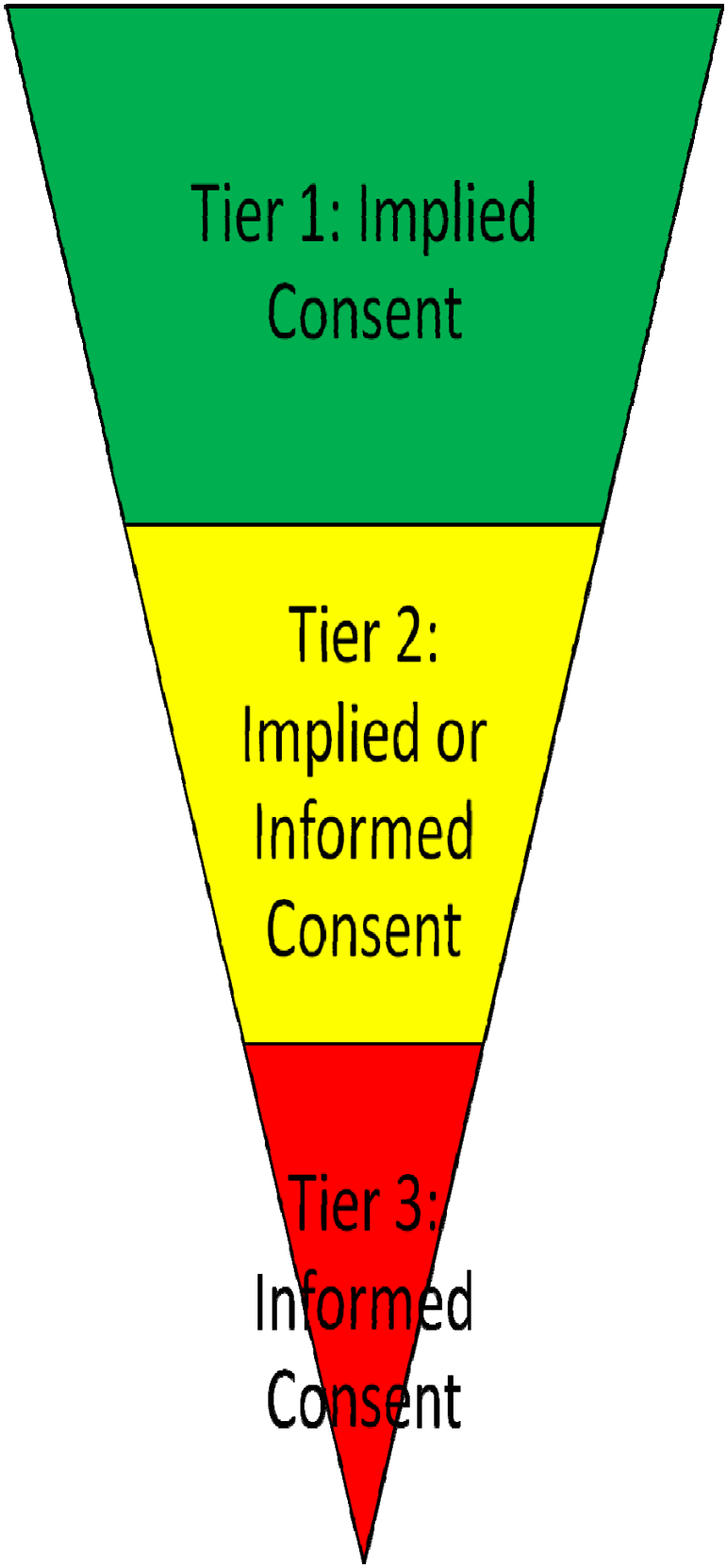
Appendix A
Response to Intervention Model: 3 Tiers of Occupational Therapy Service Delivery and Consent Guidelines



Tier 1: Universal recommendations that may benefit ALL students in the entire division, school, or classroom

May include:

- Classroom wide screening or Pre-referral screening
- Classroom wide observations
- General Education for Teachers and Support Staff
- Co-Teaching
- Classroom safe strategies such as:
    - Desk fit
    - Air cushions
    - Pencil grips
    - Self-regulation/ General body breaks
    - Developmental printing programs
    - Motor Development

Tier 2: Targeted students- identified students who may be "at risk" or performing below expectations

May Include:

- Tier 1 interventions
- Individual student programming
- Small group programming
- Classroom observation
- Informal/Formal Assessment
- Teacher consultation
- Record of Adaptation review & recommendations
- Assisting with progress monitoring
- Assistive technology

Tier 3: individual students who are or may be requiring intensive supports

May Include:

- Tier 2 interventions
- Referral
- Formal assessment
- Student specific classroom observation
- Personalized Program Plan
- Individual student programming
- Small group programming
- Regular contact- ongoing follow up and monitoring
- Programming review
- Assisting to develop SMART Goals

Saskatchewan Ministry of Education (2010)

Appendix B

Informed Consent Re: Assessment

Student Name: _____

Parent/Guardian Contact

Parent/Guardian's Name: _____

Via □ **Phone Call**
□ Left Message (provided phone #) 1st call:_____ 2nd call:_____
□ No answering machine 1st call:_____ 2nd call:_____

□ **Face to face**

Date:_____ Location:_____

Re: Assessment _____ Date:_____

I have disclosed and discussed the following:

- □ Reason for OT referral
- □ Methods of assessment □standardized: _____
  □individualized: _____
- □ Date of school visit (Visit Date: _____)
- □ Disclosure of possible risks involved, if any
- □ Information provided regarding when they will receive the report and that they may contact the therapist re: any questions

Contact Summary

- □ Answered parent/guardian's questions and concerns
- □ Parent provided verbal consent for assessment
- □ Parent was provided with therapist's contact phone number
- □ Parent understands assessment is voluntary and optional; assessment is not compulsory
- □ Parent/guardian indicated understanding and appreciation of the nature of the conversation

Comment(s):_____
_____
_____

_____ _____
Date Occupational Therapist

Informed Consent Re: Treatment

Student Name: _____

Parent/Guardian Contact

Parent/Guardian's Name: _____

Via **Phone Call**
 Left Message (provided phone #) 1st call:_____ 2nd call:_____
 No answering machine 1st call:_____ 2nd call:_____

 Face to face

Date:_____ Location:_____

Re: Treatment Date:_____

I have disclosed and discussed the following:

- □ Present status of child's condition and its significance
- □ Nature of treatment and potential benefits (goals of treatment)
- □ Seriousness/importance of treatment
- □ Special or unusual risks involved, if any
- □ Alternative treatment advantages, disadvantages
- □ Consequences of foregoing treatment
- □ Indicate who providing treatment ☐OT

☐Other_____

Contact Summary

- □ Answered parent/guardian's questions or concerns
- □ Parent provided verbal consent to start treatment/assessment
- □ Parent was provided with therapist's contact phone number
- □ Parent understands treatment is voluntary and optional; treatment is not compulsory
- □ Parent/guardian indicated understanding and appreciation of the nature of the conversation

Comment(s):_____
_____
_____

_____ _____
Date Occupational Therapist