

ATIA - 10(1)

ATIA - 20(1)(b)

- Once the RPIC has been notified of the situation and the Executive Director or Senior Director of Clinical Operations (when the former is not available) has approved the sharing of confidential information to WPS.
- For data collection, surveillance, or other research purposes where participant information is anonymized and then only with expressed consent of AHWC.

DATA COLLECTION

Participants accessing the AHWC-SCS site will not be required to produce ID or a Manitoba Health Card in order to utilize the services however, in instances where the participants feel comfortable sharing their identification, staff will use both the [redacted] repository to capture personal health identifiers and a paper recording system to record daily visits using our own forms/documentation

- Paper recording data is transposed to [redacted] by a Data Clerk for management and storage.
- All of AHWC's documents, reports, charts, and other confidential information is stored on AHWC's main server, which is monitored and protected by [redacted]
- All laptops, desktops, cell phones, and other electronic devices are secured by unique password protective factors.
- Manual information is transposed weekly from forms to the AHWC-SCS main drive.
- Weekly, monthly, and quarterly stats are shared with AHWC leadership, key stakeholders, and community members who use the AHWC-SCS.

RETENTION AND DESTRUCTION OF HEALTH RECORD

- Personal health information is captured directly into the [redacted] repository whereas other documentation that is manually collected (eg. Theft of Loss Substances Left Behind Log and Incident Report forms) once transposed and/or scanned into [redacted] are then stored in a [redacted] for up to 2 years.

DOCUMENTATION

AHWC-SCS staff are responsible for documenting on these forms:

	Appendix Letter	Title
1.	Appendix A	Overdose Response Form
2.	Appendix D	Daily Overdose Response Equipment Checklist
3.	Appendix F	AHWC-SCS Daily Flow Log
4.	Appendix J	Un/Unknown Substances Left Behind Log
5.	Appendix K	Theft or Loss of Substances Left Behind Log
6.	Appendix M	Client Agreement, Release, and Consent form (1 st visit ONLY)
7.	Appendix O	Youth Intake Form (1 st visit ONLY)
8.	Appendix P	Risk Assessment Checklist for Leaving the AHWC-SCS Site to



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ABORIGINAL HEALTH & WELLNESS CENTRE
OF WINNIPEG INC.

APPENDIX O

Youth Intake Form

Date: _____

Name & last initial: _____

Handle/Identifier: _____

Date of Birth: _____

Drug(s) of Choice (DOC): _____

If participant looks like they are 16 years old or younger, ask if they are connected to Child and Family Services (CFS).

- Yes
- No
- Unsure

If yes, is there a name and contact number that we should obtain in case of an emergency?

Do you understand the risks of drug use? (any route of administration).

Do you want any harm reduction education or safer use information? (e.g., overdose prevention and response, safer use education, harm reduction supplies).

Review site code of conduct that must be followed in order to access the AHWC-SCS.

****Inform them they only need to do this intake once and who to talk to if they get asked to do it again.**

Documentation of Temporary 'Pauses'

All 'pauses' must be tracked using the *Participant 'Pause' Form* (see Appendix Ccc). These are kept within the black binder at the nursing station.

Whenever possible, please inform the participant of the 'pause' prior to their leaving the site. This is to avoid putting coworkers in a difficult spot when the participant returns, and to preserve the participant's relationship to the site.

2. YOUTH ACCESS**Background**

Youth represent the highest risk group for contracting Hepatitis C and HIV through injection drug use. Research has shown that younger PWUD engage in high-risk behaviors to a greater extent than established PWUD, including sharing needles and other drug equipment, engaging in sex trade work, and using condoms inconsistently, increasing their vulnerability to blood-borne diseases.

Assessment Criteria and Procedure**Protocol**

Youth appearing to look between the age of 16 and 18 will access the SCS only when the youth shows obvious signs of physical addiction to illicit narcotics. The Nurse and a Community Health Worker will perform an assessment using the following criteria:

- Create a safe space to discuss their drug use history.
- The assessment determines that the youth has a history of injection/inhalation drug use and has previously bought injectable/inhalation narcotics with the intention of self-use. In this case, fill out a *Youth Intake Form* (see Appendix O).
- The assessment provides appropriate and expedited referrals to primary health care, addictions care, shelter and/or mental health services as indicated by information gathered, demonstrated symptoms, and/or desire to access appropriate addictions care.
- Review the *Participant Code of Conduct* (see Appendix E).
- Offer assistance in connecting the youth to any additional/requested services such as [REDACTED]
- If youth accepts [REDACTED] support, the nurse or RPIC will then email [REDACTED] with the youth's identifiers for additional follow up.

3. CONFIDENTIALITY

At AHWC-SCS, we adhere to a strict confidentiality policy. We do not give out information about participants to anyone who calls — even family members — unless that participant has explicitly consented to this. If a participant has consented to a release of information, it should be clearly displayed in an alert flag on their file. If concerned family members call, please kindly explain the confidentiality policy, or if necessary refer their call to an RPIC.