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SAFETY & CRISIS PLANNING DOCUMENT & GUIDELINES FOR RESEARCH STAFF, MANAGERS AND PRINCIPAL INVESTIGATORS

A. OVERALL SCOPE AND CONTEXT

Some research staff and scientists at the Centre for Urban Health Solutions (C-UHS) at St. Michael's Hospital engage directly with patients and participants. Although it is not expected that clinical practice standards will be enacted, the association with the hospital signals a responsibility to intervene in situations where a participant's safety, or the safety of another person or people, is judged to be at imminent risk of serious bodily harm. The aim of this document is to provide guidelines to safely manage any challenging scenarios in a responsible, respectful and confidential manner.

These guidelines were developed and written by research staff working at The Upstream Lab, Centre for Urban Health Solutions, St. Michael's Hospital in consultation with the St. Michael's Hospital Research Ethics Board. This document is intended to serve as an on-hand reference to research staff, in the interests of protecting study participants and research staff. It is important to note that a researcher's ability to navigate these situations varies but that this document provides a basic understanding of expectations and considerations around safety and crisis planning. It is up to each research team and principal investigator to outline their process and determine what should be done in individual situations.

Participant-researcher interactions are usually brief and highly structured. There are two main scenarios to which the guidelines in this document may be applied.

1. Participant safety: In the course of conducting research, researchers may indirectly or directly document or come across the following: (1) planned suicide; (2) planned homicide; (3) experiences of violence and/or abuse and (4) child neglect and/or abuse. Each of these situations triggers a specific response according to clinical guidelines, so we outline a parallel process in place for research staff.

2. Research staff safety: Researchers may experience aggressive behaviour and threats by participants during study visits. These scenarios represent instances of potential risk to the safety of research staff, who must have the skills to identify, assess and appropriately respond to these situations. Research staff may also experience vicarious trauma through bearing witness to stories and situations of participants. Research staff should also have access to appropriate and ongoing supervision and follow-up support.

This document outlines processes that will support research staff, including when reporting of sensitive situations is necessary and how to promote professionalism and safety in research staff-participants relationships. The authors hope this document serves as the foundation of an

ongoing protocol development process wherein the knowledge of multiple research staff is incorporated. As such, this working document is dated with the last date of revision.

B. AWARENESS OF LAWS AND ETHICAL PRINCIPLES

In general, if a research staff member has concerns about abuse, the staff will consult with the manager or principal investigator, as it is at the discretion of the manager or principal investigator whether or not confidentiality needs to be breached (for the purposes of reporting or intervening). Managers and principal investigators should be aware, clear and informed of the laws and ethical principles that surround the promise of confidentiality in research.

a) Tri-Council Policy Statement 2 (TCPS 2)

Participants enrolled in research are protected by ethical guidelines that forbid exploitation and deceit while promoting dignity and human rights. The Government of Canada's Panel on Research Ethics' Core Principles states that it is the researcher's duty to proactively protect and uphold *Respect for Persons, Concern for Welfare* and *Justice*. In the context of research, the Tri-Council Policy Statement 2 (TCPS 2) states that:

- *"When researchers obtain information with a promise of confidentiality, they assume an ethical duty that is central to respect for participants and the integrity of the research project. Breaches of confidentiality may harm the participant, the trust relationship between the researcher and the participant, other individuals or groups, and/or the reputation of the research community. Research that probes sensitive topics (e.g., illegal activities) generally depends on strong promises of confidentiality to establish trust with participants."* (Article 5, TCPS2)

- *"**Researchers shall maintain their promise of confidentiality to participants within the extent permitted by ethical principles and/or law**. This may involve resisting requests for access, such as opposing court applications seeking disclosure. The reasonable foreseeability of disclosure requirements can be assessed by considering the nature and objectives of the research inquiry. Advising participants of reasonably foreseeable disclosure requirements is an important aspect of the consent process."* (Article 5, TCPS2)

- *"For example, **in exceptional and compelling circumstances, researchers may be subject to obligations to report information to authorities** to protect the health, life or safety of a participant or a third party. Researchers are expected to be aware of ethical codes (such as professional codes of conduct) or laws (e.g., those requiring the reporting of children in need of protection) that may require disclosure of information they obtain in a research context."* (Article 5.1, TCPS2)

b) Personal Health Information Protection Act (PHIPA)

The *Personal Health Information Protection Act* (PHIPA) *2004* states that personal health information can be released without consent to eliminate the "risk of serious bodily harm to a person or group of persons."

c) Scenarios that may necessitate reporting to a third party organization or authority

There are some scenarios where researchers in a healthcare setting may need to intervene to minimize risk of harm to all relevant parties. These situations include:

- A participant states that s/he/they is/are planning/have a plan to commit suicide
- A participant threatens or presents a risk of violence or harm to others
- A participant threatens or presents a risk of violence or harm to staff
- There is at least one child at risk of or are experiencing abuse, including sexual, physical, mental or psychological abuse or neglect.

C. GUIDELINES FOR RESEARCH STAFF

Throughout the research process, both participant safety and research staff safety should be considered. The principles of informed consent, supporting participants through connecting them to available resources and consulting with the manager/PI for supervision and guidance are discussed in more detail below.

a) Informed Consent

During the informed consent process prior to enrolling participants in research, participants will be advised of situations that may necessitate the reporting of relevant details of their situation to a third party. This information will also be included on the consent forms to be signed. For studies where scenarios listed above are known to be applicable, staff should make every effort to inform participants that a breach of confidentiality is possible if the safety of either staff or participants is threatened. The breach of confidentiality may lead to the participant being excluded from the study depending on the situation.

b) Consulting with manager/ PI and guidelines for specific scenarios

In many of our research studies, we interact with participants facing challenging situations. In such cases, research staff often provides resources to participants. The team at The Upstream Lab has a list of counseling services that may be provided to participants.

The criteria for determining whether a disclosure of information should be made to an external authority (such as CAS or the police) should be based on the following guidelines:

- There is clear risk to an identifiable person or group of persons
- There is risk of serious bodily harm or death **and**
- The risk is imminent (FTS, 2013)

1. A participant states that they are planning/have a plan to commit suicide
    - Whenever possible, staff will provide resources to counseling services and for example, the Gerstein Crisis Line and encourage the participant to seek assistance should the participant feel they need it.
    - When a participant is not willing to seek assistance, staff should discuss the situation with their supervisor or manager as soon as possible after the meeting with the participant ends. Staff should note whether a participant has active suicidal ideation and/or plans to commit suicide.

2. A participant threatens or presents a risk of violence or harm to others
    - Staff should discuss the situation with their supervisor or manager as soon as possible after the meeting with the participant ends. There may be a duty to break confidentiality which is at the discretion of the manager or principal investigator.
    - If absolutely necessary (e.g. the threat is immediate) the threat should be reported to the police by calling 911. The police non-emergency number where no person or property is in danger is 416-808-2222 (e.g. a past criminal offence that warrants reporting). Another option is to contact security at the clinic sites or hospital as available.

3. A participant threatens or presents a risk of violence or harm to staff
    - For situations where there is a risk of violence to staff, there must be adequate supports in place for staff to extract themselves from a threatening situation, end a threatening interaction, and access safety through agreed-upon protocols that will vary based on study teams (FTS, 2013)
    - If a research staff feels unsafe at any time during a meeting with a participant, the staff should pause/stop the interview, contact another research staff, the manager/PI and/or security at the clinic sites or hospital if necessary.

4. A child or children is/are at risk of experiencing abuse, including sexual, physical or mental, psychological abuse or neglect.
    - Staff should discuss the situation with their supervisor or manager as soon as possible after the meeting with the participant ends. There may be a duty to break confidentiality which is at the discretion of the manager or principal investigator.
    - Child abuse should be reported immediately to CAS. Find a local CAS here.

- Note that many marginalized groups such as Indigenous people, Black people or other people of colour are often over-targeted in child abuse charges. Developing an internal protocol that specifically addresses and accounts for potential bias is recommended, and can be done in conjunction with community groups.
  For example, Native Child and Family Services of Toronto
  30 College St, Toronto, ON M5G 1K2
  Phone: 416-969-8510
- Note: Researchers may encounter and should be aware of other situations of abuse, such as intimate partner violence and elder abuse. Elder abuse is a form of abuse that is sometimes reportable (for instance, if anyone living in long-term care is targeted). This is another area requiring discretion that individual teams should plan for.

5. A staff member experiences vicarious trauma
   - "Vicarious trauma is the emotional residue of exposure that counselors have from working with people as they are hearing their trauma stories and become witnesses to the pain, fear, and terror that trauma survivors have endured" (American Counseling Association, 2016).
   - To protect emotional and mental safety, staff involved in research which exposes them to distressing knowledge or scenarios should be 1) connected with mental health services 2) provided opportunities to discuss their feelings in a non-judgmental space and 3) granted time and space to avoid undue harm.

c) <u>Who else should be informed of the report to a third party authority?</u>

<u>The participant:</u> If it is necessary to breach confidentiality, it is <u>not always necessary</u> to inform the participant of this. When in doubt, the research staff member making the report should ask the organization they are reporting to if disclosure to the participant is recommended. For instance, in cases of child abuse, Children's Aid Society (CAS) does not typically recommend disclosing to those involved that a report has been filed. Every reportable case is unique and therefore, it is important to consult with the third party organization to which a report is being made on a case-by-case basis. In different situations, timelines for reporting to authorities may vary (for instance, reporting on child abuse should be immediate) and the relevant authorities may differ.

<u>REB:</u> If confidentiality is breached through reporting to a third party authority, then this would also need to be internally reported to REB as an 'unanticipated /unexpected and untoward event'.

D. GENERAL SAFETY PROCEDURES FOR RESEARCH STAFF

- Staff should communicate where they are going, who they are meeting, and other relevant details when they leave their typical workspace for meetings with research participants.
- When there is a perceived risk, (for example, when meetings are after hours or in a more isolated or unfamiliar location), staff should attend meetings with participants in the company of one other staff member when appropriate.
- Staff should meet with research participants on St. Michael's Hospital property or in public, well-populated places. If this is not possible, a team should discuss and decide on alternatives in advance of the data collection phase of the study.
- Staff should never give out their personal phone number or personal email to participants.
- Some research may involve going into a community setting or conducting research at participant residences. In this case additional safety considerations may need to be addressed.
- Further guidelines for preparing interviewers and research participants for a safe interview can be found at http://stmichaelshospitalresearch.ca/wp-content/uploads/2016/03/SRU_MethodologyBits_Safety_2017_2_y17m09d11.pdf

E. ROLES AND RESPONSIBILITIES OF RESEARCH STAFF AND MANAGERS/ PIs

- Research staff must have clearly defined roles and responsibilities pertaining to their positions. This will help manage expectations with research participants, protect staff safety, and avoid liability on the part of St. Michael's Hospital.
- Managers/PIs have a duty to clearly communicate parameters of staff roles to avoid misunderstanding or confusion on the part of research staff.
- Whenever possible and applicable, staff should receive training on ways to identify and manage situations 1 through 5 described above.
- Research staff must communicate clearly when they are not comfortable performing certain tasks within the scope of their position. For example: meeting patients after-hours.
- Generally, the following tasks should not be required of research staff: accompanying participants to appointments off hospital property, counseling patients in crisis, and advocating for patients in a manner outside of the scope of their position.
- Generally, staff should have access to comprehensive resources so they can adequately support participants in ways that do not endanger participants,

themselves, or other staff. Managers and principal investigators are responsible for supporting research staff in these practices.

REFERENCES

American Counseling Association. (2016). **Vicarious Trauma.** [Fact Sheet].

Family Services Toronto. **Policy and Procedure Manual.** *8.8 Assessment and Service Planning.* September 17, 2013.

Government of Canada. Panel on Research Ethics. (2014). **Tri-Council Policy Statement: Ethical Conduct for Research Involving Human (TCPS 2).** Available at http://www.pre.ethics.gc.ca/eng/archives/tcps2-eptc2-2010/Default/