

ADULT GUARDIANSHIP ACT CERTIFICATE OF EMERGENCY ASSISTANCE (Pursuant to S. 59 of the Adult Guardianship Act, 1996)	Name <i>(patient/client/resident)</i>		
	Date of Birth	Age	Gender
	Effective Date		Expiry Date
	Designated Agency Contact		
	Doctor		

I _____ confirm that I am an authorized designate of _____
(Designated Responder) (Designated Agency)
 an agency designated under the **Adult Guardianship Act (AGA)** to provide support and assistance for adults who are abused, neglected or are self-neglecting and unable to seek support and assistance because of:

- A. physical restraint
- B. a physical disability that limits their ability to seek help, or
- C. an illness, disease, injury or other condition that affects their ability to make decisions about the abuse or neglect.

I have reasonable grounds to believe that _____ requires emergency
(the adult patient / client / resident)
 assistance in accordance with Section 59 of the AGA, in particular:

<p>(a) it is apparent to me that the adult is abused or neglected,</p> <p>(b) it is my opinion that it is necessary, to act without delay in order to <i>(check all that apply)</i>:</p> <ul style="list-style-type: none"> <input type="checkbox"/> (i) preserve the adult's life <input type="checkbox"/> (ii) prevent serious physical or mental harm to the adult, and / or <input type="checkbox"/> (iii) protect the adult's property from significant damage or loss, and <p>(c) it is apparent to me that the adult is incapable of giving or refusing consent.</p>
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<p>In order to fulfill this obligation, I have determined that it is appropriate per Sec. 59(2) to <i>(check all that apply)</i>:</p> <ul style="list-style-type: none"> <input type="checkbox"/> (a) enter, without a court order or a warrant, any premises where the adult may be located and use any reasonable force that may be necessary in the circumstances, <input type="checkbox"/> (b) remove the adult from the premises and convey him or her to a safe place, <input type="checkbox"/> (c) provide the adult with emergency health care <input type="checkbox"/> (d) inform the Public Guardian and Trustee that the adult's financial affairs need immediate protection <input type="checkbox"/> (e) take any other emergency measure that is necessary to protect the adult from harm <i>(details on page 2)</i>.

According to Section 64 (1) (b) of the AGA it is an offence for a person to obstruct or hinder a person who is conducting a Designated Agency investigation (Section 48 or 49, AGA). It may be necessary to involve the police to assist in such situations.

Adult Guardianship Act CERTIFICATE OF EMERGENCY ASSISTANCE *(continued)*

Additional details regarding this intervention:

The following steps have been taken *(check all that apply)*:

- Consultation with Clinical Leadership: _____
Leader's Name Leader's Position (d-mmm-yyyy)
- Consultation with Most Responsible Physician and / or Medical Director / Administrator (if the adult requires involuntary admission to a facility or hospital):

Hospital or Facility Name Consult Name (d-mmm-yyyy)
- Information has been provided to (if the adult needs to be conveyed to a safe place):

Safe Place Contact Safe Place Contact's Title
- Other Information: _____
- Copy of this form emailed or faxed to: _____
Provide the name of AG Lead
- Safety Plan completed

Name of Designated Responder: _____	
Designated Responder Position / Title: _____	
_____ Signature	_____ Date

This certificate is in effect for 5 days from the date signed, up to and including _____
(Expiry d-mmm-yyyy)

During this time, a support and assistance plan or an additional certificate must be arranged for continuing intervention.