

## USE OF BEHAVIORAL SAFETY INTERVENTIONS

### POLICY

This policy guides staff actions related to a behavioral crisis on the part of a person supported that poses an imminent risk of harm to self or others. Specifically, the policy outlines measures that prevent crisis as well as prescribe methods for intervention as the crisis escalates. The policy also provides guidance to avoid misuse of behavioral safety procedures to protect the welfare and dignity of the person supported.

### SCOPE

This policy guides actions of all employees providing services under the DIDD Medicaid Waiver system whether or not a person served is receiving behavior services.

### DEFINITIONS

- Behavioral Crisis. – Behavior (continual physical aggression, continual self-injury, continual destructive behaviors) on the part of a person supported that poses an imminent risk of harm to self or others and requires staff actions to maintain the safety of other persons supported, community members or staff. Annoying, non-compliant or verbally aggressive behaviors **DO NOT** constitute a crisis.
- Behavior Support Plan. – A BSP is a written plan, developed by a behavior analyst, that provides specific guidance regarding the implementation of treatment procedures designed to prevent the occurrence of behavioral crises.
- Certificate of Need. – A document signed by a Mandatory Pre-screening Agent (MPA) or licensed physician or health service provider authorizing inpatient psychiatric hospitalization.
- Mandatory Pre-screening Agent. – A mobile crisis clinician with training in the identification of a person’s need for inpatient psychiatric hospitalization.
- Manual Restraint. – Holding the limbs or body of a person supported in response to an imminently harmful behavior using an approved manual restraint procedure so that movement is restricted or prevented. Allowable Manual Restraint shall not exceed fifteen (15) continuous minutes. Take downs and prone and supine restraints are prohibited. For the purposes of this manual, the following are not considered manual restraint:
  - Holding the limbs or body of a person supported as a part of a specific medical, dental or surgical procedure that has been authorized by an appropriate health care professional.
  - Holding the limbs or body of a person supported to provide support for the achievement of functional body positions and equilibrium, such as supporting someone to walk, or achieving a sitting or standing position.
  - Holding the limbs or body of a person supported to prevent him or her from falling.
  - Use of response blocking in response to harmful behavior.

- Professional Crisis Management (PCM) – A DIDD approved staff training curriculum that provides strategies and techniques for safe and effective prevention and physical management of severe aggressive and self-injurious behavior.

## IMPLEMENTATION REQUIREMENTS

1. All \_\_ staff who are assigned to work with a person who has had a behavioral crisis within the past year shall receive training in PCM prior to working with the person.
2. All \_\_ staff shall be trained on this policy and section 12.4 of the DIDD Provider Manual pertaining to parameters for the use of restraint and protective equipment.
3. When a person supported receives behavior services, all staff shall be trained regarding implementation of the person’s BSP.
4. Behavior Analysts providing services at \_\_ shall receive a copy of this policy so that it may be referenced in the crisis section of the BSP. The plan shall include any individualized aspects of crisis management that are not covered within this policy.
5. When a person is not receiving behavior services, staff will refer to this policy to guide their actions in the event of a behavioral crisis.

## IMPLEMENTATION PROCEDURES

1. The implementation of **Behavioral Safety Procedures** shall:
  - a. Only be implemented in response to behaviors that pose an imminent risk of harm to self or others and not for punishment or for the convenience of staff.
  - b. Only be implemented when it is the safest course of action in comparison to other staff actions (e.g., it may be safer to remain at a location rather than leaving).
2. **Manual Restraint:** Staff shall follow all procedures as described in PCM training for the identification of a crisis, prevention of the escalation of a crisis, and intervention once the crisis has occurred including the use of manual restraint.
3. **Supported Recovery:** Use of a specific and safe location for DSP’s to engage in de-escalation of crisis behavior. Supported Recovery is not to exceed forty-five (45) minutes. Staff shall remain with the person at all times during the use of supported recovery.
  - a. Supported Recovery shall only be used when remaining in a particular location poses a significant risk of harm because dangerous objects, potential weapons or community members or other persons supported are present.
  - b. In the safe area, staff shall continue interacting with the person supported in the manner prescribed in the person’s BSP or other agency training.
  - c. When necessary, the PCM escort technique (Double Sunday Stroll) may be used to escort the person to the safe area, but should only be used as a last resort.
  - d. Blocking and restraint procedures may be carried out in the safe area in accord with PCM training.
4. **Safety Delay:** Restricting the person’s freedom of movement and community access for a period of time after the occurrence of a harmful behavior to ensure that the person

is calm and that the risk of engaging in unsafe behavior has decreased to an acceptable level. A safety Delay may not exceed two (2) hours following the last occurrence of unsafe behavior unless it has been approved as part of a Behavior Support Plan. When implementing a Safety Delay in response to a behavior that has occurred in a community setting and requires returning to the home, the following parameters shall apply:

- a. Staff shall use individualized knowledge of the person to determine the most effective approach for requesting that the person return home. Staff shall avoid confrontational requests that may escalate the person's behavior. Deception **MAY NOT** be used to gain a person's compliance with a Safety Delay.
- b. When necessary, the PCM escort technique (Double Sunday Stroll) may be used to remove the person, but should only be used as a last resort.
- c. Staff shall consider vehicle safety and only transport the person in a vehicle when it is safe to do so. When it is unsafe to transport the person and the situation continues to be unmanageable, staff should contact the Program Manager or on-call administrator for assistance. In extreme circumstances where immediate assistance is needed, the police should be contacted.

**5. Systemic Crisis Management:**

- a. When assistance is needed to manage a crisis staff may contact the following for further guidance:
  - i. Family Teaching Couple or Family Teacher
  - ii. Program Director
  - iii. Behavior Analyst
- b. In circumstances where the person's behavior is an ongoing risk of harm and cannot be redirected or it escalates so quickly and intensely that it cannot be a safely managed, the police may be contacted for assistance.
- c. In cases where the person's behavior is an ongoing risk of harm, it may be necessary to contact a local mobile crisis team for an evaluation of the person's risk and placement recommendations.
- d. Mobile crisis personnel shall be provided with information regarding the person's diagnosis, behavioral functions, medications and crisis management options (e.g. specific hospital of choice, behavioral respite choice).
- e. If the Mandatory Pre-screening Agent (MPA) signs a Certificate of Need (i.e., determines that the person is in need of psychiatric hospitalization), staff should accompany the person to the site. Only after the person has been signed in (this is signified by a second certificate of need) shall staff leave a person supported in the care of a psychiatric hospital.
- f. Persons supported who have had a behavioral health crisis (psychiatric hospitalization, behavior respite, police contact or mobile crisis call within the past two years) shall have a Cross-Systems Crisis Plan completed by the agency staff in accordance with section 12.7 of the DIDD Provider Manual.

- g. Behavioral Safety Interventions and Behavioral Health Crises shall be reported in accordance with DIDD requirements. The person's conservator (if applicable) and ISC shall also be informed of the crisis within 24 hours.

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