

Policy Number: 1:26
Subject: Emergency Interventions for Individuals
Issued On: March 21, 2005
Revised On: Nov 2007, April 2008, Jan 2010, August 2011

POLICY:

WGSS staff intervenes and assists Individuals immediately when health and safety concerns are presented, or someone's life is in danger.

RATIONALE:

In order to provide quality services to Individuals, staff must be perceptive to changes in them, and receptive to assisting them as necessary. Some persons served do not have the skills to get the necessary assistance on their own, and require staff support to ensure that individuals are safe.

PROCEDURES:

1. The following are defined as emergency situations, posing a health and safety risk to Individuals:

- a serious medication error which may pose some concern of harm to the Individual's health and safety
- contraindications or adverse effects of some medications
- Individuals being placed in an abusive or potentially abusive situation
- Individuals present as being a threat to themselves or others through actions, words, or gestures
- Individuals present as suicidal, or make attempts at suicide
- Individuals experience physical harm or sudden illness (for instance, cut their hands on a knife or suddenly develop symptoms of food poisoning)
- other situations which may be experienced by Individuals, staff members, or families, and which cause some threat of harm to someone

2. Individuals' health and safety is of utmost concern. Staff addresses the immediate needs of them as quickly as possible. This may include:

- calling 911
- calling for staff assistance or backup
- taking individuals to the hospital
- calling individuals' guardian or caregiver
- contacting Region 4 or relevant PDD contract staff for direction
- providing first aid treatment as required
- calling the pharmacist or hospital for direction (in the case of a medication contraindication)
- using least-restrictive interventions and methods taught within Non-Violent Crisis Prevention and Intervention training as appropriate

3. Staff uses discretion and professionalism in addressing any emergency situations. Adherence to confidentiality is of utmost importance.

4. Incidents and action are documented by WGSS staff on appropriate and relevant WGSS forms. These may include but are not limited to:

- I. Abuse Reports (Appendix 1:9)

II. Medication Error Report (Appendix 1:17)

III. Behavior Incident Concern Report (Adult Services, Appendix 1:31) Noteworthy/Critical Incident Report (Children's Services, Appendix 1:31B)

IV. Medical Concern Incident Report (Appendix 1:32)

V. Log notes

5. Staff contacts their immediate supervisors or the on-call supervisor to discuss protocol, actions taken, and to obtain further direction.

6. When Individuals threaten to harm or kill themselves or someone else, staff takes all threats seriously.

- Individuals are placed under close supervision until arrangements have been made for more appropriate assistance and accommodations (e.g. caregiver, parent, or within secure health-care facilities such as hospitals or other institutions).
- If parent/guardians or other stakeholders present as suicidal, or make threats to harm themselves or others, WGSS staff encourage and support stakeholders to obtain risk assessments (through the hospital, a medical doctor, a psychiatrist, or a mental health worker).
- If possible, in such a situation, staff make arrangements to have the person transported to the hospital for assessment.
- If stakeholders present as suicidal or threatening to selves or others and will not seek assistance, WGSS staff contact local RCMP and provide details to authorities as required by law.
- All individuals or other people who present as suicidal are referred by WGSS staff to obtain counseling.
- WGSS staff offers to provide or obtain cultural or family supports as requested by individuals, or finds a qualified person to do so.
- WGSS staff documents all action taken by them in regard to the situation. This includes the completion of all appropriate forms, which are forwarded to all appropriate persons (such as guardians, PDD workers, FSCD workers, mental health, etc.).
- If relevant, a "Medical Report" (Appendix 1:18) if the person served gets hurt and see physicians during the incident.

7. WGSS management provides staff with assistance in critical events debriefing after potentially traumatic incidents, such as attempted suicide, death of individuals or peers, threats made to staff, or anything else staff define as stressful/traumatic for them. This is done by providing referrals to mental health, contracting services from qualified professionals, and/or using critical events debriefing techniques.

8. WGSS management supports staff when they experience stress after a critical event, and may not be able to work. In these situations, WGSS management makes appropriate staffing arrangements on behalf of employees, and advocates ensuring financial assistance for employees (e.g. short-term disability, Workers' Compensation Coverage, or Employment Insurance) when:

- Employees are ineligible for WGSS staff benefits (e.g. sick days or "bonus" days)
- Employees have used all available WGSS staff benefits but still require more time off work

As part of their advocacy role, upon request, WGSS management will write letters of support, ensure good documentation, provide factual information to disability claims and other related

officers, and complete required documentation (e.g. Employer's Section of benefits applications) in a timely manner. Management also supports employees when claims are disallowed or when benefits appear to be

delayed; by advocating appropriately (e.g. providing additional letters of support or contacting benefits administrators).

SAMPLE

Definitions and Terminology: Restrictive and Positive Practices

The following pages refer to situations or behaviors of concern, positive procedures, restrictive procedures, and the attitudes and beliefs of WGSS in response to these topics.

DEFINITIONS:

Categories of risk may include, but are not limited to physical, emotional, social, financial, or legal risk. It is recognized that Individuals will sometimes act in ways which place themselves or others at risk. The following are terms commonly used within the field of community disability services (including the Alberta Council of Disability Services), and at WGSS, in addressing behaviors and situations of concern.

- **“behavior of concern”**: an Individual exhibits behaviors of such intensity, duration, or frequency that the physical safety of themselves or others in his environment is likely to be placed in jeopardy; or the consequences of their behavior are likely to seriously and negatively impact activities of daily living/quality of life
 - *Anticipated*: this is a predictable or foreseeable situation or behavior of concern (example: Bob gets agitated every weekend after spending time with his sister)
 - *Unanticipated*: this is a situation or behavior of concern, or an incident that was not expected or unpredictable, a “surprise” (example: Bob has never been aggressive before, but suddenly punches his friend, with whom he has a great relationship)
- **“best practice”**: a process or function that has been evaluated, fine-tuned, improved, and implemented with individuals (“best” meaning “best for the individual at the present time”) to produce positive, superior outcomes. By using the “best practice”, the infringement of rights is minimized while maximizing the effectiveness of practices used. Best practice looks at the following points when developing processes or functions: ASSESSMENT of the situation or behavior (including a functional assessment), focusing on aspects such as definition, medical assessment, intrusiveness, documentation of past strategies used, and assessment of risks associated with the behavior; DEVELOPMENT of the practice/procedure, focusing on the risks, infringement on individual’s rights (least!), training required by staff, criteria, and involvement of appropriate people in the development of any plans; APPROVAL of the process (were individuals/guardians involved? Was consent obtained? Are appropriate people involved? Is a multidisciplinary team involved in the approval of any restrictive procedures?); MONITORING and REVIEWING the plans for effectiveness, and how the plan impacts the individual and others around him, monitoring how plans will be amended and approved, and how data will be collected, how ongoing monitoring will be done, what training staff require to implement the best practice, and is the plan reviewed within the specified timelines?
- **“continuum or category or intervention”**: refers to a continuum (“sliding scale”) of interventions used with an individual. WGSS practice is to use the *least restrictive/least intrusive* practices and procedures required by an individual. This means that the actions or procedures used will infringe the LEAST upon the individual’s rights; this is determined on an individual basis by those people who know the individual best
- **“functional assessment”**: is a tool used to identify various factors in an individual’s life, which may predict and maintain behaviors of concern. Functional assessments produce

valuable information—such as giving an operational definition of an undesirable behavior, predicting when and why situations or behaviors of concern may/may not occur, and defining the various functions that the undesirable behavior produces for the individual. Functional assessments may include any of these components: direct observations (such as data collection methods—ABC for instance), indirect observations (such as interviews with others and rating scales to identify behaviors), and functional analysis of the behaviors of concern (for instance, experimental manipulations or testing of hypothesis). There are two different functional assessments used:

- *Basic*: looks at defining undesirable behavior, predicting when/why behaviors of concern may/may not occur, and defining the functions that the undesirable behavior produces for an individual FOR THE MOST RECENT INSTANCES OF THE UNDESIRABLE BEHAVIOR
 - *Full*: is required prior to the implementation of any restrictive procedures with an individual as part of a planned intervention, and is more in-depth. A full functional assessment evaluates the individual's history (relating to the behavior of concern), along with previous strategies used to address them, as well as the effectiveness of any past strategies and interventions
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- **“informed consent”**: consent given by an individual/her guardian AFTER the individual has received adequate information/explanations and can show that she understands these components:
 - the action or procedure that is proposed
 - any anticipated effects or consequences of implementing the procedure/action (both negative and positive)
 - possible alternative actions or effects
 - the effects or consequences of no action/procedure at all
 - the time frame for which the consent is valid (all consents at WGSS must be time-limited)
 - consent is VOLUNTARY and can be revoked if the individual wants to, at any point. Individuals also have the right to refuse to provide consent. Actions are NOT implemented unless the individual/guardian has provided informed consent
 - individuals can only provide their own consent if they are of legal age, and are independent; otherwise guardian or parental consent must be obtained
 - individuals must be able to understand the nature and consequences of the proposed action
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- **“logical consequence”**: this has a logical relationship to the behavior of concern, and is chosen and arranged for by the support staff who actively works to see that the consequence is brought into effect. Examples would include: an individual who intentionally steals something from the store is subject to criminal charges, an individual who intentionally rips paper into shreds and throws them on the ground must clean the paper up. Some logical consequences fit into the categories/definitions of some restrictive procedures (such as loss of privileges, correction, restitution, etc.). Logical consequences are often reflected in things such as “house rules” or various safety procedures
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- **“natural consequence”**: this is a natural, unavoidable result of an action, and this occurs because of the nature of the action and the way the environment or world surrounding the individual actually is. Natural consequences are not initiated by the caregiver or support staff, and are generally not considered to be restrictive in any way. Examples would include: an individual who smokes all her cigarettes by noon has no more cigarettes to smoke that day, an individual who eats his lunch early has no more food to eat until he goes

home, an individual who intentionally spills a drink does not have a drink to have. **It must be noted that, in some circumstances, WGSS staff must**

intervene and not allow natural consequences to occur, if doing so poses a substantial risk of harm to the individual—thus the staff protect the safety, well being and health of the individual

- **“positive procedure”**: intervention that is used to address some behaviors or situations of concern; this is generally done through altering the environment and teaching the individuals appropriate and effective skills to meet the needs previously met by the behaviors of concern
- **“prohibited procedure”**: these are absolutely forbidden acts or actions on the part of any service provider, caregiver, support staff, or volunteer, which are described as abusive, exploitive, harmful, neglectful, or questionable, as identified in *The Protection of Persons in Care Act/Abuse Reporting and Investigation Protocol* (examples: food deprivation, anything that causes physical pain intentionally, corporal punishment in any form, extended isolation from other people, the use of electric shock treatments, the presentation of noxious substances (such as washing the person’s mouth out with soap). WGSS staff DO NOT use any prohibited procedure in any circumstance
- **“qualified person”**: a WGSS staff member who has the qualifications and background to develop, implement, review, and amend the use of restrictive procedures and positive procedures within the agency. As defined by the CET standards, a qualified person is a psychologist with relevant training and experience in behavior management, or an individual with at least two years of relevant training and a minimum of three years of practical experience in behavior management strategies (including both positive procedures and restrictive procedures). WGSS does not have psychologists on staff, so has qualified persons working at the agency as defined by the last criteria. Interventions using any restrictive procedures are monitored and supervised by qualified persons at WGSS. Management staff and some supervisory personnel meet the qualifications to be deemed as “qualified” by WGSS criteria and CET standards
- **“restrictive procedure”**: an act or intervention used, which restricts the freedoms, rights, choices, or self-determination of an individual. Restrictive procedures are used as a response to situations or behaviors of concern, and these procedures: restrain the individual’s normal range of movement or behavior and/or limit the individual’s access to different events, privileges, relationships, objects, situations, etc. to which any individual would normally have access (examples: limited cigarettes, diets, enforced bedtimes)
- **“review committee”**: a group of WGSS management staff, who are qualified (as defined above), and meet to review and discuss practices or strategies used at WGSS which utilize positive procedures or restrictive procedures. When available, feasible, and possible, WGSS involves relevant external members, such as behavior management consultants, physicians, etc. in this committee. Meetings are held as needed to review practices used, but may be planned “ad hoc” when a situation becomes emergent. Meetings become regular and scheduled as required by needs of individuals
- **“review process”**: a practice and process followed in order to review the development, implementation, success, and amendments needed when planning an ongoing positive procedure or restrictive procedure. By implementing a review process, the individual’s rights

are protected and maintained, the staff are supported in their efforts to provide excellent service to individuals, and ethical, professional, and least-restrictive practices are implemented by WGSS staff

- **“situation of concern”**: an individual places himself or someone else at risk of immediate physical harm; engages in significantly inappropriate, socially unacceptable, illegal, or socially risky behaviors that may limit the individual’s ability to participate fully and safely within the community; or engages in actions that may cause significant property damage (thus incurring a cost to the individual displaying these behaviors)

SAMPLE

Policy Number: 1:27
Subject: Positive Procedures and Practices
Issued On: February 23, 2005
Reviewed On: May 2005, June 2007, April 2008, Nov 2009, August 2011

POLICY:

WGSS endeavors to provide quality care and treatment to all individuals with disabilities; this includes providing services to individuals with high risk behaviors which pose a threat to their wellbeing, or to the health and safety of other people, or to the environment/personal belongings. WGSS is committed to the use of positive procedures in response to situations or behaviors of concern.

RATIONALE:

WGSS is fair and equitable in its treatment of all Individuals; therefore the agency does not discriminate when providing services to Individuals. Individuals with high risk behaviors deserve the same level of support services as do all persons served. By providing appropriate supports, Individuals may be more successful in community integration.

PROCEDURES:

1. WGSS recognizes that individuals use behaviors, including challenging behaviors, as a means to communicate. Wherever possible, WGSS staff examines the reasons for behavior, and provide individuals with appropriate “tools” or mechanisms to meet their needs.
2. WGSS is committed to the use of positive procedures that seek to understand the reasons behind any situations/behaviors of concern, while providing respect for the rights and dignity of Individuals. WGSS also recognizes that procedures may consist of a one-time-only change to an environment, or may include a more structured and planned intervention for individuals. Examples of positive procedures include but are not limited to:
 - Changing the environment: expanding choices, changing demands on Individuals, evaluating and changing atmosphere (mood, music, loudness, colors, etc.)
 - Teaching appropriate alternative behaviors to replace the behaviors of concern: for example, modeling preferred behavior, teaching new ways to communicate, demonstrating self-management skills
3. WGSS staff explores all medical explanations and conditions prior to the implementation of any positive procedure or restrictive procedure for individuals.
4. Positive procedures are developed, and their use is documented, prior to considering the use of more restrictive procedures. Documentation is maintained and completed according to the format established by the management team or the requirements of funders, and with consistency and accuracy demonstrated by all staff involved in individuals’ care and treatment. Depending on the situation, a “Planned Positive Practice” (Appendix 1:33) form will be completed.
5. Informed consent is obtained in writing, prior to the implementation of any planned positive procedure that is used in response to situations or behaviors of concern. WGSS senior

management staff (e.g. Program Supervisors, Coordinator or the Executive Director) are responsible for obtaining this consent, and the consent is kept in Individuals' files.

6. WGSS staff consult with a "qualified person" when developing positive procedures. At WGSS, senior management staff (who all possess at least two years of relevant training and three or more years of practical experience in working with people with developmental disabilities/behavior management strategies) are qualified to provide direction and consultation in regard to the development of positive procedures. When appropriate, WGSS involves relevant consultants from PDD-Central Alberta Community Board, or CFSA Region 4 for direction and consultation.

7. Staff who will be using any positive procedures are provided with adequate training in order to implement procedures effectively. Depending on the situation, this may include a training session on positive procedures/restrictive practices, as well as less formal training relevant to the Individuals' unique needs.

8. All staff receives training relevant to positive procedures including how to carry out the procedure and the documentation required. Documentation is maintained directly on the Planned Positive Practice within the program area and/or in the Record of Behavior Supports manual in the office.

9. Incidents and action are documented by WGSS staff on appropriate and relevant WGSS forms. These may include but are not limited to:

- a) Abuse Reports (Appendix 1:9)
- b) Medication Error Report (Appendix 1:17)
- c) Behavior Incident Concern Report (Appendix 1:31)
- d) Medical Concern Incident Report (Appendix 1:32)
- e) Log notes

Policy Number: 1:28
Subject: The Review Process for Restrictive and Positive Procedures
Issued On: March 24, 2004
Reviewed On: May 2005, June 2007, April 2008, Nov 2009, August 2011

POLICY:

WGSS employs a review process for the requirement, development, amendment, implementation, and data collection of any positive and restrictive procedures used at WGSS.

RATIONALE:

When positive and restrictive procedures are reviewed on a regular basis; the Individual's rights are protected, ethical/professional interventions are employed, and staff are supported and encouraged in their efforts to use least-intrusive and positive interventions.

PROCEDURES:

1. Procedures are reviewed by the management team and other relevant professionals or stakeholders on a regular basis. This will include, at a minimum, a review of positive and restrictive procedures used, at individuals' quarterly review meetings (part of the annual service planning cycle). When procedures are ineffective, changes are made to positive and restrictive procedures used.
2. When possible, procedures are reviewed by the management team during regular team meetings, which generally occur at least twice/month.
3. Recommendations for change are made in writing by the review committee, consisting of qualified persons. This includes the WGSS management team, led by Program Supervisors or Coordinators, or the Executive Director.
4. When restrictive procedures are required, the review committee is involved in the implementation, review, changing, amendments, and recommendations of any restrictive procedures used/accompanying positive procedures.
5. When required, the review committee accesses other qualified professionals, such as physicians, behavior management consultants, or professionals from other agencies, to provide input and ideas into the review process.
6. Procedures discussed by the review committee are covered within the realm of the WGSS "Statement of Confidentiality" (Appendix 1:12), and are not discussed outside with other persons outside the review committee, without the express informed consent of individuals/guardians.
7. The review committee is responsible for the following:
 - I. Monitoring the use of any positive procedure/restrictive procedure/intervention used.
 - II. Reviewing the appropriateness and ethical nature of specific interventions.
 - III. Recommending alternative solutions and interventions when appropriate.
 - IV. Providing or denying approval for the use of restrictive or positive procedures, including

- previously-approved interventions that have been amended or changed in some way.
- V. Ensuring that the timelines identified in various programs (both restrictive procedures and positive procedures) are identified, and that reviews occur on a regular basis to evaluate the
 - VI. effectiveness of strategies.
 - VII. Ensuring the approved interventions are documented and are available to staff.
 - VIII. Providing, or making arrangements to provide, adequate training to support staff in order for the staff to follow any restrictive procedures/positive procedures.
 - IX. Identifying other needs as they related to behavioral interventions, such as searching for resources, finding assessments, determining other relevant training, etc.
8. As much as possible, review committee members do not participate in approving or denying any procedures when they have directly been involved in the creation of such procedures (either restrictive procedures or positive procedures). When this situation arises, committee members declare a “conflict of interest” and remove themselves from the process.

Policy Number: 1:29
Subject: Use of Restrictive Procedures
Issued On: March 24, 2004
Reviewed On: May 2005, June 10, 2007, April 12, 2008, Nov 2009, August 2011

POLICY:

Westward Goals uses restrictive procedures when required and appropriate, as a response to unanticipated or anticipated behaviors or situations of concern. Restrictive procedures are used as a last resort, and by following the continuum of interventions; least restrictive methods possible are used with individuals.

RATIONALE:

In some situations, it is necessary to use restrictive procedures when Individuals put themselves or other people at risk, or have the potential to cause a great deal of damage to physical property. When used appropriately, restrictive procedures provide the Individual with safe, respectful interventions and can assist them in living successfully and fully within the community.

PROCEDURES:

1. For ***unanticipated*** situations or behaviors of concern (emergency, unexpected, and/or occurrence is one or less times in the last 4-12 months):

- In order to respond to a situation in which Individuals' actions have put themselves or others in danger or at risk of harm, WGSS recognizes that it may be necessary to use verbal/physical interventions which may include a restrictive component (e.g. physically restraining an Individual from jumping out of a moving vehicle, raising voice to obtain attention as appropriate).
- Restrictive procedures used in response to unanticipated situations/behaviors must be appropriate, given the situation and context of each emergency situation.
- The situation, including restrictive procedures used and rationale for doing so, is documented on a WGSS "incident report" as well as within Individual file notes.
- WGSS employees required to implement restrictive procedures as a result of unanticipated situations/behaviors of concern report this to their immediate supervisors as soon as possible after the event occurred.
- When appropriate, Individuals' guardians/family members are informed as soon as possible after the incident.
- The review committee meets "ad hoc" within 14 days of the unanticipated situation or use of restrictive procedures to discuss and review the situation and to look at the need for further interventions/recommendations.
- The review committee provides their recommendations in writing to Individuals and/or guardians within 10 days of their meeting.
- If the situation or behavior of concern is deemed "likely to reoccur in the future" (even if would only occur once/year), a planned response including positive procedures and other strategies, is developed, is reviewed by the review committee, and is implemented by relevant staff as soon as possible.

2. For **anticipated** situations or behaviors of concern (predictable, foreseeable, and/or occurrence is two or more times in the last 4-6 months):

- Positive procedures are used prior to the implementation and use of restrictive procedures when possible.
- When positive procedures alone have not adequately addressed the Individual's behaviors of concern, or if safety concerns must be addressed, restrictive procedures may be used as part of a planned response. This may include verbal and physical interventions, as well as consequences for the behaviors seen.
- Planned responses are required in any situation in which Individuals' rights are restricted, or in which they are restrained for any reason, when the restriction is used to protect their health and safety or the health and safety of other people around them (predictable—including a restraint used when individuals have blood tests or require a PRN medication prior to a dental appointment)
- In order to develop a planned response which uses any restrictive procedures or practices, the following criteria must be met:
 - I. A functional assessment is conducted, documented, and reviewed. See "definitions", page 49, for more information on the components of a functional assessment.
 - II. Any restrictive procedures used must be appropriate for the situation, the individual, and will reflect the "best practice" for the individual (as previously defined).
 - III. The individual and/or her legal guardian, when appropriate, are involved in the creation of any plan.
 - IV. The Individual and/or legal guardian, as appropriate, provide informed, written consent for WGSS to use restrictive procedures. A "Consent to the Implementation of Behavior Support" (Appendix 1:37).
 - V. Any plan using restrictive procedures used as part of a planned response is developed, implemented, reviewed, monitored, and amended by consulting with qualified persons. Currently WGSS utilizes PDD's Personal Development Team.
 - VI. All written behavior management plans, including those with restrictive procedures, have the following components:
 - A clear, easily understood definition of the behavior or situation of concern.
 - Time-limited goals which identify the expected outcome of using restrictive procedures.
 - Accompanying positive procedures, which are used in conjunction with any restrictive procedures.
 - Staff training requirements.
 - Any strategies or implementation plans for continuing the program.
 - Data collection information and mechanisms to evaluate the procedures and their effectiveness/impact on the individual and those around her.
 - A process describing how the plan will be approved, and how any subsequent amendments are made and approved.
 - Information detailing how the intervention strategies will be reviewed, using the strategies of reducing or eliminating any restrictive procedures used, as much as possible.

3. For the anticipated situation or behavior of concern, incidents and action are documented by

WGSS staff on appropriate and relevant WGSS forms. These may include but are not limited to:

- Any forms specific to the Behavior Support Plan
- Abuse Reports (Appendix 1:9)
- Medication Error Report (Appendix 1:17)

- Behavior Incident Concern Report (Appendix 1:31)
- Medical Concern Incident Report (Appendix 1:32)
- Log notes

SAMPLE

Policy Number: 1:30
Subject: Prohibited Procedures
Issued On: March 24, 2004
Reviewed On: May 2005, June 2007, April 2008, Nov 2009, August 2011

POLICY:

There are many procedures and practices that WGSS prohibits staff from using during their interactions with Individuals. These are referred to as “prohibited procedures”. For further information about prohibited procedures and behavior management, refer to “Individual abuse”.

RATIONALE:

Historically, it is recognized that Individuals are at risk of being abused. By providing clear guidelines to staff about what is acceptable and unacceptable, WGSS demonstrates respect for the individuals’ health, safety, and well-being and ensures due diligence.

PROCEDURES:

1. WGSS prohibits staff from using any form of corporal punishment, or engaging in conduct with individuals which may cause individuals harm in some way. Any action that is intended to ridicule, insult, degrade, humiliate, or undermine the dignity and self-worth of Individual is prohibited. Any form of yelling, swearing, name-calling, or threatening individual is prohibited. WGSS also prohibits the use of any form of corporal punishment, including prolonged isolation and physical punishment. The use of face-down restraints or locked confinement is prohibited.
2. Any employee alleged to have used prohibited procedures in interacting with individuals is investigated as per provincial legislation. This includes the initiation of an investigation as per the POPICA, and the PPCA, or the *Child, Youth, and Family Enhancement Act* as appropriate.
3. Dependent on the outcome of the investigation, a staff member who is found using prohibited procedures when interacting with Individuals is subject to disciplinary action, up to and including dismissal from employment. When appropriate, other authorities such as the RCMP are involved.

Policy Number: 1:31
Subject: Aggressive Behaviors in Individuals
Issued On: May 25, 2005
Reviewed On: June 2007, April 2008, Jan 2010, August 2011

POLICY:

WGSS recognizes that Individuals may become aggressive toward themselves, others, or property, and has procedures to follow for such circumstances.

RATIONALE:

By providing procedures for staff to follow, Individuals are treated with respect, and people may be kept out of the way of harm. The risk of property damage is lessened, and Individuals are encouraged and supported to regain control.

PROCEDURES:

1. Aggressive behavior is defined as actions/behaviors which may cause injury to Individuals, others around them (including other Individuals, employees, and members of the community), and/or cause property damage.
2. When individuals display behaviors deemed “aggressive”, WGSS employees intervene by using the least intrusive method possible. The least amount of physical force is used in order to reduce the risk of injury to people or property damage. More guidelines for this are included in the procedures for anticipated and unanticipated situations/behaviors of concern.
3. All WGSS employees who work with adults, or who work with children with aggressive tendencies are provided with adequate training. This training, “Non-Violent Crisis Prevention and Intervention”, provides staff with techniques relating to crisis prevention, assessment of crises situations, and staff response to crisis. Staff is expected to use good judgment, their knowledge of the individuals, their training, and their own awareness of their personal limitations in dealing with individuals who become physically aggressive.
4. When staff must physically intervene with aggressive Individuals, interventions are implemented as a last resort, when Individuals pose a threat to themselves, other Individuals, people around them, or property/material goods.
5. Respect for Individuals’ rights and dignity is maintained during any interventions used by staff. Professionalism, courtesy, and respect are demonstrated.
6. All WGSS employees who work with adults are provided with training in “Positive Behavior Supports” (Appendix 1:34) at a minimum. Positive and restrictive behavior support and techniques are included in all training.
7. Prior to their implementation, restrictive procedures must be approved (see policy 1:28). When staff use a restrictive procedure which has not been approved, documentation is submitted to the employee’s immediate supervisor as soon as possible after the incident

occurred. If the incident was isolated, and restrictive procedures were used in response to an unanticipated event, formal measures will be taken to review and possibly implement approved procedures.

8. Any procedures used must be appropriate for the situation and the individual. The use of restrictive or questionable procedures, without formal approval by WGSS management, is in violation of standards established by Persons with Developmental Disabilities as well as the Creating Excellence Together Standards (through the Alberta Council of Disability Services).

9. Inappropriate staff responses, or use of unauthorized restrictive procedures by WGSS employees, may be considered to be a form of abuse within the parameters of the Abuse Prevention and Response Protocol and/or the Protection of Persons in Care Act, whichever applies. An abuse investigation is conducted by WGSS management. For more information, review policy 1:3 (Individual Abuse).

SAMPLE

Policy Number: 1:32
Subject: Staff Training in Positive Behavior Supports, and Non-Violent Crisis Prevention and Intervention
Issued On: May 25, 2005
Revised On: June 2007, Nov 2007, April 2008, Nov 2009, August 2011

POLICY:

WGSS provides training to relevant employees in Positive Behavior Supports and Non-Violent Crisis Prevention and Intervention.

RATIONALE:

By providing staff with thorough training in these areas, Individuals and staff members have less opportunity for harm or injury. Care, welfare, safety, and security is provided to both Individuals and staff.

PROCEDURES:

1. As part of their orientation to the Individuals with whom they work, WGSS staff is provided clear information, guidelines, and suggestions for various interventions that work in dealing with individuals with potentially aggressive behaviors, or who may require the use of restrictive procedures/positive procedures.
2. WGSS staff is provided with an "Employee Handbook" (Appendix 1:1) upon commencement with WGSS, which clearly identifies "abuse", "use of restrictive procedures" and "required training". Staff is also directed to speak to their supervisors or management team members in regard to these areas.
3. WGSS staff who work with adult persons served are required to take "Non-Violent Crisis Prevention and Intervention" training. Staff who works with children may be required or supported to take this training, depending on the needs of the child with whom they work. The full, 2-day course is taken every two years, with a 6 hour refresher course being taken in alternate years. The focus of this course is on preventing incidents if possible by reviewing the signs that an individual is becoming anxious or agitated. This course also identifies that physical intervention is only used as a last resort, and focuses on providing care, welfare, safety, and security to all people involved.
4. WGSS staff who work with adult persons served are provided with detailed training in "Positive Behavior Supports" (Appendix 1:33) and receive a handbook for reference, in regard to restrictive procedures and positive procedures. Positive Behavior Support training is a 6-hour course, taught in-house by qualified personnel who have received training from outside professionals (e.g. ACDS consultants or trained through the Institute for Applied Behavior Analysis).
5. When appropriate, WGSS provides additional training and support to staff in regard to interacting and intervening with Individuals, in order to provide safe, quality care to them, while providing a safe working environment for staff.