

**CLIENT SERVICES**

**SECTION D**

**BEHAVIOURAL**

## Section D

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<b>Horizons Centre</b>	<p style="text-align: right;">Section D: Behavioural Client Services</p>
<b>Policy D1:</b>	<b>Behavioural Intervention Strategies</b>
<b>Policy:</b>	<b>Horizons Centre utilizes a respectful, integrated practice, with a commitment to the least restrictive, least intrusive method, when using behavioural intervention strategies.</b>
<b>Guiding Principle:</b>	Positive approaches are the standard response when applying intervention strategies.
<b>Cross Reference</b>	<ul style="list-style-type: none"> <li>• CPI Nonviolent Crisis Intervention®</li> <li>• C.E.T. Standards</li> <li>• COMPASS Community Support Team</li> <li>• Community Behaviour Resource Committee</li> </ul>
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<b>Horizons Centre</b>	<p style="text-align: right;">Section D: Behavioural Client Services</p>
<b>Procedure D1:</b>	<b>Behavioural Intervention Strategies</b>
	<p><b><u>Definitions</u></b></p> <ul style="list-style-type: none"> <li>• Behaviour <ul style="list-style-type: none"> <li>○ Behaviour is any way in which a person acts or feels in response to a stimulus. <ul style="list-style-type: none"> <li>▪ All behaviour communicates a message. We have to ask ourselves, “Why does this person feel they need to act this way?”</li> </ul> </li> </ul> </li> <li>• Situations or Behaviours of Concern <ul style="list-style-type: none"> <li>○ Situations where the individual’s actions place themselves or others at risk of immediate physical harm or property damage.</li> <li>○ Behaviours of such intensity, frequency or duration that they threaten the physical safety of, or seriously impact, individuals or other persons.</li> </ul> </li> <li>• Intervention Strategies <ul style="list-style-type: none"> <li>○ Approaches <ul style="list-style-type: none"> <li>▪ An intervention to an unanticipated situation or behaviour of concern. May be positive or restrictive.</li> </ul> </li> <li>○ Procedures <ul style="list-style-type: none"> <li>▪ Formally planned interventions to anticipated situations or behaviours of concern. May be positive or restrictive.</li> </ul> </li> </ul> </li> <li>• Behaviour Support Plan <ul style="list-style-type: none"> <li>○ A formal planned positive procedure with or without restrictive procedures that utilizes a comprehensive set of strategies. The purpose of which is to support an individual in reducing an anticipated situation or behaviour of concern and increasing desired behaviour.</li> </ul> </li> <li>• Emergency Response <ul style="list-style-type: none"> <li>○ An approach intended for use in responding to an <b>unanticipated</b> crisis presenting imminent harm to self or others, where no prior plan exists.</li> </ul> </li> </ul> <p><b><u>When Determining an Approach</u></b></p> <p>Behavioural interventions will be assessed on an individual client basis. Staff will consider the individual's:</p> <ul style="list-style-type: none"> <li>• age</li> <li>• health</li> <li>• ability to understand intervention</li> </ul>
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<b>Horizons Centre</b>	<p style="text-align: right;">Section D: Behavioural Client Services</p>
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	<ul style="list-style-type: none"> <li>• ability to understand the connection between their actions and the resulting consequences</li> <li>• ability to make informed choices</li> <li>• behavioural history (previous strategies used/effectiveness of strategies, etc.)</li> <li>• usual response to similar situations</li> <li>• usual response to various forms of intervention, including <b>no</b> intervention</li> </ul> <p>Behavioural situations will be assessed for level of risk/type of behaviour, and to determine if the behaviour was unanticipated or anticipated (uses planned procedure, formal or informal).</p> <p>Staff's priority is to:</p> <ul style="list-style-type: none"> <li>• Ensure the safety of self/others</li> <li>• Ensure the safety of the client</li> <li>• Minimize damage to property</li> </ul> <p><b><u>Intervention Strategies</u></b></p> <p>The least restrictive alternative, must always be given first consideration when responding to a behaviour.</p> <p><b>Positive Strategies</b> that may be used, unless it increases the likelihood of the behaviour to escalate or reoccur (not exhaustive):</p> <ul style="list-style-type: none"> <li>• <b>Natural Consequences</b> – outcomes that happen as a result of behavior that are not planned or controlled.</li> <li>• <b>Ignore Behaviour</b> – do not ignore the individual, do not respond to the behaviour.</li> <li>• <b>Give Choices</b> – the more agitated the individual the simpler and clearer the choices.</li> <li>• <b>Reinforcement</b> – process by which a particular behaviour is strengthened. <ul style="list-style-type: none"> <li>○ <b>Positive Reinforcement</b> – the presentation of a stimulus (object, or event) following a behaviour or response, thereby increasing the probability of that behaviour or response. <ul style="list-style-type: none"> <li>▪ <b>e.g.</b>, positive praise/positive attention (person does dishes and is given verbal praise).</li> <li>▪ <b>e.g.</b>, unwanted attention (person increases self-injurious behaviour when attention is directed to them).</li> </ul> </li> <li>○ <b>Negative Reinforcement</b> – the removal of a stimulus (object, or event) following a behaviour or response, thereby increasing the probability of the behaviour or response. <ul style="list-style-type: none"> <li>▪ <b>e.g.</b>, individual displays self-injurious behaviour when asked to do things they don't want to do. Teach them to say, "no," and immediately stop asking them to do the unwanted activity, to reinforce non-injurious behaviour.</li> </ul> </li> </ul> </li> </ul>
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<b>Horizons Centre</b>	<p style="text-align: right;">Section D: Behavioural Client Services</p>
<b>Procedure D1:</b>	<b>Behavioural Intervention Strategies</b>
	<ul style="list-style-type: none"> <li>▪ e.g., person is crying when given vegetables and staff take vegetables off their plate, this may reinforce crying behaviour.</li> <li>• <b>Redirect</b> – use another activity, topic of conversation, etc. to take their mind off of the issue.</li> <li>• <b>Enriched Environment</b> – the use of physical or social stimulus <ul style="list-style-type: none"> <li>○ e.g., providing an area with art and craft supplies to help those with dementia</li> <li>○ e.g., quiet area for someone experiencing anxiety.</li> </ul> </li> <li>• <b>Prompt</b> – can be vocal, visual, gestural, hand over hand and positional (e.g., item moved closer or farther).</li> <li>• <b>Modelling</b> – performing desired behaviour for individual to copy.</li> <li>• <b>Give Time</b> – allow time to process or change mind.</li> <li>• <b>Give Space</b> – give physical space to de-escalate.</li> <li>• <b>Help Problem Solve</b> – how to solve immediate concern or how to not end up in situation again.</li> <li>• <b>Social Analysis</b> – staff and individual jointly analyze social errors and how it could have been done differently.</li> <li>• <b>Verbal Instruction</b> – e.g., ask to stop or start something.</li> <li>• <b>Follow Behaviour Support Plan</b> – if the individual has one.</li> </ul> <p>In the event that positive strategies are not effective, and the behaviour has escalated to an emergency level, staff will exercise good judgement in the possible application of restrictive strategies.</p> <p><b>Restrictive Strategies can only be used as:</b></p> <ul style="list-style-type: none"> <li>• An emergency response (imminent possibility for harm/disastrous results).</li> <li>• Part of an approved Behaviour Support Plan.</li> <li>• A corrective measure at the discretion of the Executive Director or designate, such as, a temporary suspension or withdrawal of a privilege that would otherwise be available to the client (e.g., Response Cost).</li> </ul> <p><b>Restrictive Strategies</b> that MAY be used (not exhaustive):</p> <ul style="list-style-type: none"> <li>• <b>Restricted Choices</b> – e.g., cannot chose what their diet will be.</li> <li>• <b>Restricted Access</b> – e.g., cannot access specific office areas.</li> <li>• <b>Intrusive Supervision</b> – e.g., individual must stay in line of sight.</li> <li>• <b>Time Out</b> – can be at four levels. <ul style="list-style-type: none"> <li>○ individual is still in area but not allowed to participate for a time.</li> <li>○ everyone else leaves area with the individual still there.</li> <li>○ the individual is secluded to a separate area.</li> <li>○ the individual is secluded to a separate area which is locked from the outside.</li> </ul> </li> </ul>
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<b>Procedure D1:</b>	<b>Behavioural Intervention Strategies</b>
	<ul style="list-style-type: none"> <li>• <b>Response Cost</b> - When something that has already been earned gets removed. e.g., they cannot move onto next activity until they comply with a pocket check.</li> <li>• <b>Required Relaxation</b> – e.g., individual is to stay in a quiet room/chair for a fixed amount of time following a behaviour of concern.</li> <li>• <b>Mechanical Restraint</b> – a device used to limit an individual’s movement.</li> <li>• <b>Physical Intervention</b> – the use of direct or indirect force, through bodily physical or mechanical means, to limit another person’s movement.</li> <li>• <b>Mood Altering Medications (PRN)</b> – use of a prescribed drug to control behaviour or emotions.</li> <li>• <b>Physical Restraint</b> - The use of bodily force to limit an individual’s freedom of movement. Staff at Horizons Centre must have and follow the training from a CPI Certified Instructor in <i>Nonviolent Crisis Intervention</i>® before they can perform any physical restraints.</li> </ul> <p><b>Prohibited Intervention Strategies:</b> Any abusive, neglectful, exploitative, or inappropriate act such as:</p> <ul style="list-style-type: none"> <li>• cruel, or severe punishments e.g., loud noise as punishment by presentation</li> <li>• shaking, striking, spanking, or other physical abuse</li> <li>• denial of adequate nutrition</li> <li>• verbal/gestural threats of intimidation</li> <li>• remarks that belittle or ridicule</li> </ul> <p><b>Corrective Measures:</b> The Executive Director or designate may:</p> <ul style="list-style-type: none"> <li>• place the client on a period of probation</li> <li>• hold an immediate Support Plan meeting</li> <li>• consult with an external resource</li> <li>• implement a behaviour support plan</li> <li>• suspend the client for a period of time</li> <li>• terminate services*</li> </ul> <p>*Termination of services may be implemented by the Executive Director in consultation with the Board of Directors.</p> <p><b><u>Debrief</u></b> <b>With Client:</b></p> <ul style="list-style-type: none"> <li>• An informal debrief will occur with their coordinator or designate after all incidents requiring a <i>Behavioural Incident Report Form (See Client Services Policy D6- Behavioural Incident Reporting)</i>.</li> <li>• After an incident, if it is determined that the incident may rate a 3 or higher as per a <i>Behavioural Incident Report Form</i> the coordinator will notify the Program Director/Executive Director and a formal debrief will occur.</li> <li>• A client can request a formal debrief after any incident.</li> </ul>
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<b>Horizons Centre</b>	<p style="text-align: right;">Section D: Behavioural Client Services</p>
<b>Procedure D1:</b>	<b>Behavioural Intervention Strategies</b>
	<ul style="list-style-type: none"> <li>• Once those involved have regained rational control, staff involved in the incident/Coordinator should use this opportunity to: <ul style="list-style-type: none"> <li>• reestablish communication</li> <li>• identify possible solutions to precipitating factors</li> <li>• provide options</li> <li>• provide incentives for change</li> <li>• encourage that they can do better in the future</li> <li>• return control to the individual</li> <li>• give responsibility back to the individual for future behavior</li> <li>• A strategy may be developed, taking various forms including, story boards, behavior support plans, etc.</li> </ul> </li> </ul> <p><b>With Staff:</b></p> <ul style="list-style-type: none"> <li>• Staff will have an informal debrief with client’s coordinator after all incidents requiring a <i>Behavioural Incident Report Form (See Client Services Policy D6- Behavioural Incident Reporting)</i>.</li> <li>• After an incident, if it is determined that the incident may rate a 3 or higher as per a <i>Behavioural Incident Report Form</i> the coordinator will notify the Program Director/Executive Director and a formal debrief will occur.</li> <li>• A staff member can request a formal debrief after any incident.</li> <li>• Formal staff debrief meetings will consist of all staff directly involved in the incident, the individual’s coordinator or designate, and other qualified person(s).</li> </ul> <p><b>Dealing with Stress:</b></p> <ul style="list-style-type: none"> <li>• Those involved with a crisis situation may experience stress after the incident. Horizons Centre encourages the following actions for all involved: <ul style="list-style-type: none"> <li>• Self-care – this includes any positive stress relieving activity e.g., exercise, visiting with friends, watching a movie, etc.</li> <li>• Making use of professional counseling.</li> <li>• Staff may make use of the Employee Assistance Program.</li> </ul> </li> </ul> <p><b>Documentation:</b> Staff will document on a <i>Behavioural Incident Report Form</i> or <i>Support Assessment</i>, as needed (<i>See Client Services Policy D6- Behavioural Incident Reporting</i>)</p> <p><b>Consultation:</b> Outside supports such as the COMPASS team, or Community Behaviour Resource Committee, may be consulted after an incident has occurred.</p>
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<b>Horizons Centre</b>	<p style="text-align: right;">Section D: Behavioural Client Services</p>
<b>Policy D2:</b>	<b>Unanticipated Situations or Behaviours of Concern</b>
<b>Policy:</b>	<b>Unanticipated situations or behaviours of concern will be managed using a systematic approach of least intrusive least restrictive interventions possible.</b>
<b>Guiding Principle:</b>	
<b>Cross Reference</b>	<ul style="list-style-type: none"> <li>• CPI Nonviolent Crisis Intervention®</li> <li>• C.E.T. Standards</li> </ul>
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<b>Horizons Centre</b>	<p style="text-align: right;">Section D: Behavioural Client Services</p>
<b>Procedure D2:</b>	<b>Unanticipated Situations or Behaviors of Concern</b>
	<p><b><u>Definition</u></b>  Unpredictable or isolated situations, behaviour or events, that puts someone or property at risk.</p> <p>Examples of unanticipated behaviours of concern which may warrant either a positive or restrictive approach may include, but are not limited to:</p> <ul style="list-style-type: none"> <li>• Physical aggression – hitting, kicking, biting, major threats of harm <ul style="list-style-type: none"> <li>○ e.g., positive approach: Verbal Instruction – “Stop”</li> <li>○ e.g., restrictive approach: Physical Intervention – CPI Standing Hold</li> </ul> </li> <li>• Self-abuse – head banging, cutting <ul style="list-style-type: none"> <li>○ e.g., positive approach: Redirect – Offering a favourite item</li> <li>○ e.g., restrictive approach: Physical Intervention – Holding a person’s arms</li> </ul> </li> <li>• Destruction of property – misuse of equipment, intentionally breaking things <ul style="list-style-type: none"> <li>○ e.g., positive approach: Natural Consequences – person pays for damages</li> <li>○ e.g., restrictive approach: Time Out – person is told to go to a secluded area</li> </ul> </li> <li>• Unsafe actions – running into traffic, touching a hot stove <ul style="list-style-type: none"> <li>○ e.g., positive approach: Verbal Instruction - “Stop. It’s hot.”</li> <li>○ e.g., restrictive approach: Physical Holding - Restricting movement toward danger</li> </ul> </li> </ul> <p><b><u>Procedure</u></b></p> <ul style="list-style-type: none"> <li>• Follow procedures as laid out in <i>Client Services Policy D1- Behavioural Intervention Strategies</i>.</li> <li>• Staff will notify coordinator as soon as possible, who will notify the Program Director and/or Executive Director.</li> <li>• If a restrictive approach was used guardian will be notified by a member of the management team within twenty-four hours.</li> </ul> <p>After first occurrence incident will be reviewed by the Horizons Centre Behaviour Supports Committee for:</p> <ul style="list-style-type: none"> <li>• precipitating factors</li> <li>• antecedent to behaviour</li> <li>• severity</li> <li>• response to interventions</li> <li>• likelihood of reoccurrence</li> </ul> <p>If determined based on above a planned response may be initiated.</p>
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<b>Horizons Centre</b>	<p style="text-align: right;">Section D: Behavioural Client Services</p>
<b>Policy D3:</b>	<b>Team Response to Situations or Behaviours of Concern</b>
<b>Policy:</b>	<b>Whenever possible a team approach will be used to intervene in crisis situations.</b>
<b>Guiding Principle:</b>	There are times when in order to maintain the care, welfare, safety and security for all, a team response is the best approach.
<b>Cross Reference</b>	<ul style="list-style-type: none"> <li>• C.E.T. Standards</li> <li>• CPI Nonviolent Crisis Intervention®</li> </ul>
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<b>Horizons Centre</b>	<p style="text-align: right;">Section D: Behavioural Client Services</p>
<b>Procedure D3:</b>	<b>Team Response to Situations or Behaviours of Concern</b>
	<p><b><u>Procedure</u></b></p> <p><b>Calling for Team:</b></p> <ul style="list-style-type: none"> <li>• The code word “TEAM” can be used to let people know that a team response is required.</li> <li>• If other staff are in the area they may be called verbally or with eye contact and gestures.</li> <li>• If more support is required, a team can be called within Horizons Centre: <ul style="list-style-type: none"> <li>○ by sending someone for help</li> <li>○ by paging, for example “Team support needed in the _____ room.”</li> </ul> </li> <li>• There will be an on-call team consisting of staff, who are not providing frontline support, from the Management Team, Schedulers and those designated on an impromptu basis.</li> <li>• If off-site, a team can be summoned by telephone. <ul style="list-style-type: none"> <li>○ Utilize the code word “Team” in a sentence to indicate to the person on the other end of the phone that a crisis is occurring, and support is needed.</li> <li>○ The call recipient will ask if a coordinator is needed, and if police need to be dispatched.</li> <li>○ Outside of regular business hours contact a member from the Management Team.</li> <li>○ If situation warrants, the police can be called immediately.</li> </ul> </li> </ul> <p><b>Team Members:</b></p> <p>All team members will follow the strategies as laid out in <i>Client Services Policy D1- Behavioural Intervention Strategies</i></p> <ul style="list-style-type: none"> <li>• <b>Team Leader:</b> The team leader is the first person on the scene. If this person feels it is necessary, they can pass the team leader duty to another staff trained to handle crisis situations. <ul style="list-style-type: none"> <li>○ Duties include: <ul style="list-style-type: none"> <li>▪ assess the situation</li> <li>▪ plan the intervention</li> <li>▪ direct others</li> <li>▪ communicate with the person in crisis</li> <li>▪ determine circumstances when emergency services should be contacted. Circumstances may include when: <ul style="list-style-type: none"> <li>❖ a situation in which de-escalation does not seem possible</li> </ul> </li> </ul> </li> </ul> </li> </ul>
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<b>Horizons Centre</b>	<p style="text-align: right;">Section D: Behavioural Client Services</p>
<b>Procedure D3:</b>	<b>Team Response to Situations or Behaviours of Concern</b>
	<ul style="list-style-type: none"> <li>❖ team members do not feel they can safely handle the situation (e.g., size or aggression level of individual)</li> <li>❖ person in crisis is in possession of a weapon</li> <li>❖ medical services are required</li> <li>▪ use of physical interventions</li> <li>▪ take responsibility for incident documentation</li> </ul> <ul style="list-style-type: none"> <li>• <b>Auxiliary Team Members:</b> There may be up to 4 auxiliary team members per person in crisis. <ul style="list-style-type: none"> <li>○ Duties include: <ul style="list-style-type: none"> <li>▪ follow requests/guidelines of the Team Leader</li> <li>▪ check situation for signs of stress or safety hazards</li> <li>▪ address safe use of all techniques</li> <li>▪ recognize when more help is needed, or different strategies should be implemented</li> <li>▪ engage in support of teammates or communication if delegated by the Team Leader</li> <li>▪ use of physical interventions</li> <li>▪ monitor the well-being of the individual during physical interventions</li> </ul> </li> </ul> </li> </ul>
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<b>Horizons Centre</b>	<p style="text-align: right;">Section D: Behavioural Client Services</p>
<b>Policy D4:</b>	<b>Behaviour Support Plans – Planned Positive Procedures</b>
<b>Policy:</b>	<b>Behaviour Support plans with positive procedures are a proactive strategy to address anticipated situations or behaviours of concerns.</b>
<b>Guiding Principle:</b>	The Agency believes in utilizing positive supports to increase desirable behaviour, that support an individual’s independence, inclusion and emotional wellbeing.
<b>Cross Reference</b>	<ul style="list-style-type: none"> <li>• Functional Assessment – Outside Resources</li> <li>• P.D.D. Risk Analysis</li> <li>• C.E.T. Standards</li> </ul>
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<b>Horizons Centre</b>	<p style="text-align: right;">Section D: Behavioural Client Services</p>
<b>Procedure D4:</b>	<b>Behaviour Support Plan – Planned Positive Procedures</b>
	<p><b><u>Definition</u></b></p> <p><b>Positive Procedures:</b> A formal procedure using Positive Intervention Strategies (<i>See Client Services Policy D1- Behavioural Intervention Strategies</i>) in modifying environments, teaching new skills, controlling staff responses, and using natural consequences of behaviour.</p> <p><b><u>Developing a Behaviour Support Plan</u></b> After determination, by the HC Behaviour Supports Committee, that the situation or behaviour of concern requires planned procedures, a functional assessment will be conducted. In the development of the plan the following will be considered:</p> <ul style="list-style-type: none"> <li>• need for a risk assessment</li> <li>• prevention focused</li> <li>• effectiveness</li> <li>• promotes independence</li> <li>• the best interest of the client</li> <li>• goal directed</li> </ul> <p><b>Behaviour Support Plans must include:</b></p> <ul style="list-style-type: none"> <li>• description of the situation or behaviour of concern</li> <li>• summary of basic or full functional assessment</li> <li>• positive procedures included to support change</li> <li>• data collection requirements</li> <li>• scheduled reviews for evaluating effectiveness</li> <li>• discontinuation criteria</li> <li>• process for amendments and approval of amendments</li> <li>• documented authorization from the Client, Guardian, Program Director/Executive Director</li> </ul> <p><b><u>Training</u></b> All support staff are required to participate in training for each individual Behaviour Support Plan.</p> <ul style="list-style-type: none"> <li>• Plan is reviewed and discussed by a qualified person at staff meeting (those not present will meet with a qualified person to review and discuss).</li> <li>• All support staff must sign a training acknowledgement sheet that they have been trained to and fully understand the procedures and documentation requirements.</li> <li>• Plan will be reviewed with staff minimally every six months.</li> <li>• If changes are made to the plan staff will be retrained as above.</li> </ul>
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<b>Horizons Centre</b>	<p style="text-align: right;">Section D: Behavioural Client Services</p>
<b>Policy D5:</b>	<b>Behaviour Support Plan – Planned Restrictive Procedures</b>
<b>Policy:</b>	<b>Behaviour Support Plans with restrictive procedures may be used when positive procedures alone are not sufficient to reduce the associated risks or have not successfully addressed the anticipated situation or behaviour of concern.</b>
<b>Guiding Principle:</b>	
<b>Cross Reference</b>	<ul style="list-style-type: none"> <li>• Functional Assessment – Outside Resources</li> <li>• P.D.D. Risk Analysis</li> <li>• C.E.T. Standards</li> </ul>
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<b>Horizons Centre</b>	<p style="text-align: right;">Section D: Behavioural Client Services</p>
<b>Procedure D5:</b>	<b>Behaviour Support Plan – Planned Restrictive Procedures</b>
	<p><b><u>Definition</u></b></p> <p><b>Restrictive Procedures:</b> A formal procedure using Restrictive Strategies (<i>See Client Services Policy D1- Behavioural Intervention Strategies</i>) intended to stop behaviours that can cause harm to individuals or others, or cause damage to property.</p> <p><b><u>Developing Restrictive Procedures for a Behaviour Support Plan</u></b> The plan will be developed following the considerations and requirements as laid out in <i>Client Services Policy D4- Behaviour Support Plan – Planned Positive Procedures</i>.</p> <p><b>Behaviour Support Plan with Restrictive Procedures must include:</b></p> <ul style="list-style-type: none"> <li>• description of the situation or behaviour of concern</li> <li>• full functional assessment</li> <li>• summary of a risk assessment</li> <li>• positive procedures included to support change</li> <li>• restrictive procedures (use of mood altering PRN medications or restrictive therapies e.g., aversive therapy, requires consultation with qualified professionals)</li> <li>• data collection requirements</li> <li>• scheduled reviews for evaluating effectiveness</li> <li>• strategy to reduce or eliminate restrictive procedures</li> <li>• discontinuation criteria</li> <li>• process for amendments and approval of amendments</li> <li>• documented authorization from the Client, Guardian, Program Director/Executive Director</li> </ul> <p><b><u>Training</u></b> All support staff are required to participate in training for each individual Behaviour Support Plan.</p> <ul style="list-style-type: none"> <li>• Plan is reviewed and discussed by a qualified person at staff meeting (those not present will meet with a qualified person to review and discuss).</li> <li>• All support staff must sign a training acknowledgement sheet that they have been trained to and fully understand the procedures and documentation requirements.</li> <li>• Plan will be reviewed with staff minimally every six months.</li> <li>• If changes are made to the plan staff will be retrained as above.</li> </ul>
<b>Date Approved</b>	<b>February 26, 2008</b>
<b>Revised Date</b>	<b>February 27, 2018</b>

<b>Horizons Centre</b>	<p style="text-align: right;">Section D: Behavioural Client Services</p>
<b>Policy D6:</b>	<b>Behavioural Incident Reporting</b>
<b>Policy:</b>	<b>The Agency uses a factual approach in reporting and documenting situations or behaviours of concern.</b>
<b>Guiding Principle:</b>	Factual documentation of situations or behaviours of concern are required to support and evaluate the action taken, determine future action (as required), maintain a clear record of the incident, and assess the effectiveness of the practices being used.
<b>Cross Reference</b>	
<b>Date Approved</b>	<b>February 26, 2008</b>
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<b>Horizons Centre</b>	<p style="text-align: right;">Section D: Behavioural Client Services</p>
<b>Policy D6:</b>	<b>Behavioural Incident Reporting</b>
	<p><b><u>Behavioural Incident Report Form</u></b></p> <p><i>A Behavioural Incident Report Form will be written for incidents of concern that require follow up, involving but not limited to:</i></p> <ul style="list-style-type: none"> <li>• major temper outburst</li> <li>• physical aggression to property</li> <li>• breaking laws</li> <li>• verbal aggression</li> <li>• self-injury</li> <li>• absent without leave</li> <li>• threats / intimidation</li> <li>• breaking policies</li> <li>• inappropriate sexual behaviour</li> <li>• physical aggression to others</li> <li>• use of restrictive approach</li> </ul> <p><b><u>Support Assessment</u></b></p> <p>If the incident does not meet the criteria for a <i>Behavioural Incident Report Form</i> then it will be documented on a <i>Support Assessment</i> (e.g., situation or behaviour resulted in minimal to no consequence).</p> <p><b><u>General Guidelines</u></b></p> <ol style="list-style-type: none"> <li>1. The staff member(s) observing/involved in the incident will complete a <i>Behavioural Incident Report Form</i> as soon after the incident as possible.</li> <li>2. The <i>Behavioural Incident Report Form</i> will document: <ul style="list-style-type: none"> <li>• name, date, time of incident</li> <li>• setting events</li> <li>• antecedent: individual's action just prior to incident</li> <li>• behaviour: description of the incident</li> <li>• intervention: immediate action that was taken</li> <li>• consequence: what happened immediately afterward</li> <li>• subsequent action/follow up action that was taken</li> <li>• follow up comments/recommendations</li> </ul> </li> <li>3. <i>Incident Report Confidentiality</i> form will document: <ul style="list-style-type: none"> <li>• Names of involved others as referred to on <i>Behavioural Incident Report Form</i></li> <li>• If an <i>Involved Other Incident form</i> was completed for the involved other</li> </ul> </li> </ol>
<b>Date Approved</b>	<b>February 26, 2008</b>
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<b>Horizons Centre</b>	<p style="text-align: right;">Section D: Behavioural Client Services</p>
<b>Policy D6:</b>	<b>Behavioural Incident Reporting</b>
	<ul style="list-style-type: none"> <li>• If a <i>Behavioural Incident Report</i> Form was completed for the involved other</li> </ul> <p>4. an <i>Involved Other Incident form</i> will document:</p> <ul style="list-style-type: none"> <li>• Discussions / recommendations or other pertinent information pertaining to the involved other, not documented on the <i>Behavioural Incident Report</i> form.</li> </ul> <p><b><u>Reporting</u></b></p> <ol style="list-style-type: none"> <li>1. Following an incident, staff involved in/witnessing the incident will notify the client's coordinator or designate.</li> <li>2. A <i>Behavioural Incident Report</i> form will be completed as soon after the incident as possible.</li> <li>3. The coordinator will notify the Program Director/Executive Director as needed. If it is determined that the incident may rate a 3 or higher a meeting of the Behaviour Supports Committee will be called as soon as possible.</li> <li>4. The Behaviour Supports Committee, after reviewing the <i>Behavioural Incident Report</i>, will determine whether further consultation with or distribution of a copy is required to any of the following (but not limited to): <ul style="list-style-type: none"> <li>• Client Parent/Guardian</li> <li>• Joint Agencies</li> <li>• Disability Services Caseworker</li> </ul> </li> </ol> <p><b>Writing the Report:</b>  <i>Behavioural Incident Reports</i> are the formal account of situations or behaviours of concern and therefore must:</p> <ul style="list-style-type: none"> <li>• state only the facts</li> <li>• be written legibly in ink, or typed</li> <li>• have no use of white-out</li> <li>• use a single line to strike out errors, and initial the change</li> <li>• respect the confidentiality of others involved</li> <li>• use professional terminology</li> <li>• be dated and signed appropriately</li> <li>• be completed in a timely manner</li> </ul> <p><b><u>Retention</u></b></p> <ol style="list-style-type: none"> <li>1. The <i>Behavioural Incident Report</i> will be retained in the client's official file.</li> <li>2. A roster, recording classification of each <i>Behavioural Incident Report</i>, will be maintained in each client's official file.</li> </ol>
<b>Date Approved</b>	<b>February 26, 2008</b>
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<b>Horizons Centre</b>	<p style="text-align: right;">Section D: Behavioural Client Services</p>
<b>Policy D6:</b>	<b>Behavioural Incident Reporting</b>
	<p>3. The <i>Incident Report Confidentiality</i> form will be filed with the original <i>Behavioural Incident Report</i> form.</p> <p>4. If an <i>Involved Other Incident</i> form is required, it will be kept in the involved other's official file.</p> <p><b>Review</b></p> <p>All <i>Behavioural Incident Reports</i> are reviewed by the HC Behaviour Supports Committee.</p>
<b>Date Approved</b>	<b>February 26, 2008</b>
<b>Revised Date</b>	<b>February 27, 2018</b>

**Definitions**

- Qualified Person: A currently practicing staff member with relevant training and experience in behavioural management
  - Has at least two years of relevant training that includes behavioural supports and a minimum of three years of practical experience in behavioural supports
  - Is qualified to develop implement, and/or review the use of planned positive procedures and/or restrictive procedures
  - Is qualified to supervise interventions that use planned positive procedures and restrictive procedures
- Qualified Professional: A behavioural specialist, psychologist, physician, or psychiatrist who would advise on behaviours of concern that result from medical concerns related to health
  - Only a physician or psychiatrist can write up prescriptions needed to address behaviours of concern

**Forms**

Behavioural Incident Report Form

<S:\STAFF INFORMATION\Incident Report Forms\H.C. Behavioural Incident Report Form.docx>

Involved Other Incident Form

<S:\STAFF INFORMATION\Incident Report Forms\Involved Other Incident Form.docx>

Incident Report Confidentiality Form

<S:\STAFF INFORMATION\Incident Report Forms\Incident Report Confidentiality Form.docx>

Support Assessment

<S:\COORDINATOR CLIENT TEAMS\Client Binder Package\Support Assessment\Sample Support Assessment.docx>