

# MIRA FACILITATION CENTER POLICY AND PROCEDURES

**SECTION:**

DIRECT CARE FOR INDIVIDUALS  
RECEIVING SERVICE

**DATE EFFECTIVE:**

January 2005

**DATE REVISED:**

February 2014

**SUBJECT:**

Planned Positive/Restrictive Procedures

## Implementing Planned Positive and/or Restrictive Procedures

- a) Mira Facilitation Center has been established to enhance the lives of people with disabilities. Mira believes that this is accomplished through positive approaches and positive procedures. Any Planned Positive and/or Planned Restrictive Procedure will be created and implemented in a way that respects and promotes the Individuals' rights, dignity and choices, encourage personal growth, development and opportunities, and will respond to behaviors of concern in a collaborative and proactive way.
- b) Mira Facilitation Center will:
- i. Consult with a relevant qualified person, as defined by CET\*, with respect to the development of the Planned Positive Procedure and/or Planned Restrictive Procedure
  - ii. Obtain informed consent for the use of the procedure
  - iii. Monitor and evaluate the procedure's effectiveness
- \*Qualified Person refers to someone with at least two years of relevant training that includes behavioral supports and a minimum of three years of practical experience in behavioral supports. This person will be qualified to develop, implement, review and supervise the use of PPP and/or PRP.
- c) Mira will ensure that all employees implementing Planned Positive and Planned Restrictive Approaches and/or Restrictive Procedures thoroughly understand the intent, limits and boundaries of each Restrictive Procedure that is implemented. This may involve consultation with a qualified professional.
- d) The number of times an incident may occur before a planned response is initiated is dependent upon the nature of the incident. Involved parties and members of the Best Practices Team will discuss the incident, possible contributing factors and the potential for recurrence. The decision to create and/or implement the planned response will be made based on our assessment of the situation. (Example: Anxiety may present multiple times prior to implementation of a planned response in order for staff to have a thorough understanding of the approaches that will be successful; whereas

## **MIRA FACILITATION CENTER POLICY AND PROCEDURES**

**SECTION:**

DIRECT CARE FOR INDIVIDUALS  
RECEIVING SERVICE

**DATE EFFECTIVE:**

January 2005

**DATE REVISED:**

February 2014

**SUBJECT:**

Planned Positive/Restrictive Procedures

an incident involving high aggression with the potential for harm to the Individual, others, or the environment may require a planned response immediately.)

- e) A Planned Positive Procedure is a planned response to an anticipated behavior. It incorporates positive approaches to decrease the frequency of the behavior and provide the Individual with the most effective supports when the behavior does occur.
- f) A Planned Positive Procedure is not restrictive.
- g) A Planned Positive Procedure provides specific steps for staff members to consistently assist Individuals to make safe and positive behavioral choices and must be followed each time the behavior of concern occurs.
- h) Mira strives to use positive approaches in response to behaviors of concern, however recognizes that there may be points in time when Restrictive Approaches are necessary to protect the person and those around him/her.
- i) The Mira Executive Director and employees, and the parents/legal guardians and professionals who approve of the procedures are all accountable to the person for the use of Restrictive Procedures.
- j) As defined in the Creating Excellence Together Standards:  
A Restrictive Procedure is an act that restricts the rights, freedoms, choices or self-determination of an Individual. It is a response to a situation or behavior of concern that:
  - i. Restrains an Individual's normal range of movement or behavior, and/or
  - ii. Limits access to events, relationships, privileges or objects that should normally be available to that Individual.
- k) There are two categories of Restrictive Procedures:
  - i. Restrictive approaches in response to unanticipated situations or behavior of concern. These are unpredictable or isolated situations, behaviors or events. (Example: the first incident of a

# MIRA FACILITATION CENTER POLICY AND PROCEDURES

**SECTION:**  
DIRECT CARE FOR INDIVIDUALS  
RECEIVING SERVICE

**DATE EFFECTIVE:**  
January 2005

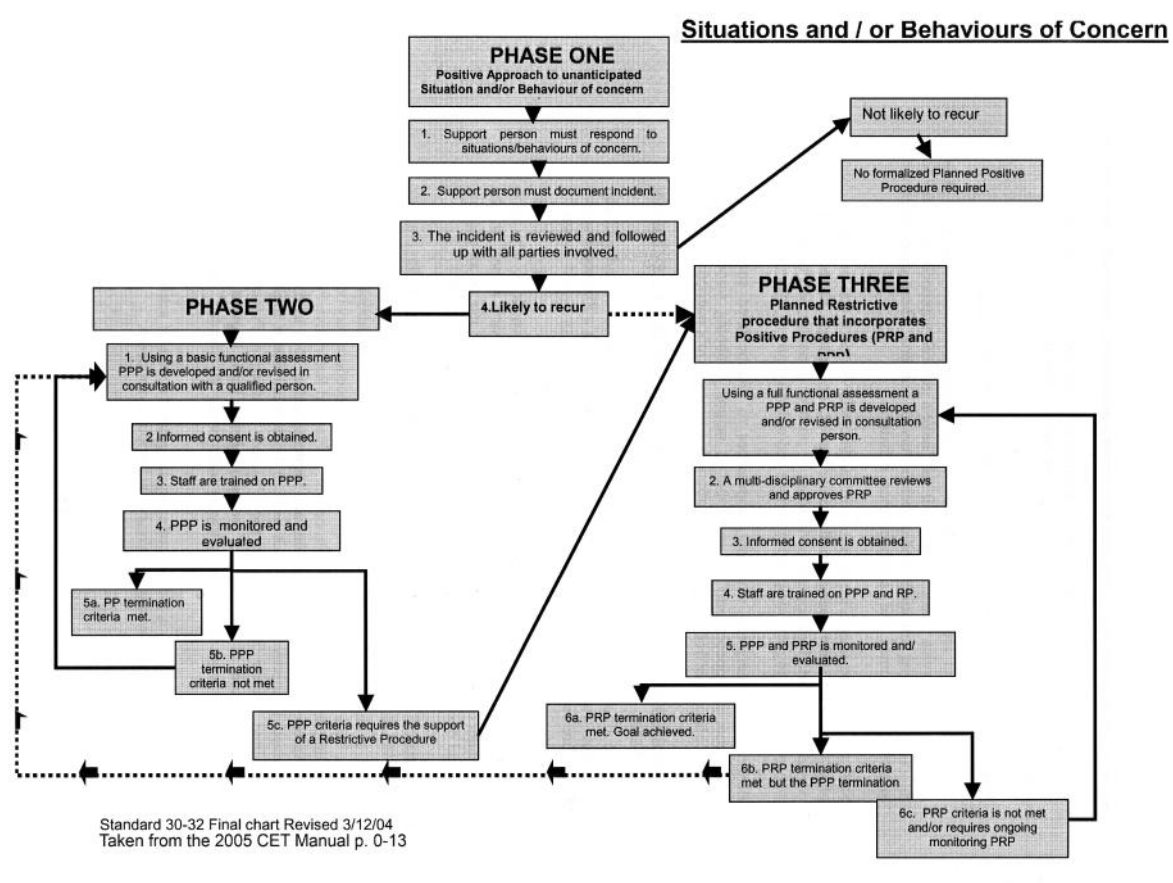
**DATE REVISED:**  
February 2014

**SUBJECT:**  
Planned Positive/Restrictive Procedures

person hitting a co-worker; or someone stepping out onto a busy street; or a person inflicting injury on themselves)

- ii. Restrictive Procedures as part of a planned positive procedure to anticipated situations or behaviors of concern. (Example: a situation where Planned Positive Procedures alone have not addressed a recurring behavior of concern)

- l) Mira will review each new situation as it arises according to the review process included in the CET manual. It is as follows:



## MIRA FACILITATION CENTER POLICY AND PROCEDURES

**SECTION:**

DIRECT CARE FOR INDIVIDUALS  
RECEIVING SERVICE

**DATE EFFECTIVE:**

January 2005

**DATE REVISED:**

February 2014

**SUBJECT:**

Planned Positive/Restrictive Procedures

### Restrictive Procedures "Best Practices"

In all circumstances, employees utilize the least restrictive and least intrusive treatment possible. When responding to a behavior of concern, employees will respond using the following hierarchy:

a) Positive Approaches

- i. Can be used on an incidental and informal basis without approval from the Restrictive Procedure Committee.
- ii. Examples could include:
  - Verbally cue the Individual that their behavior needs modification. ("Wendy you look like you are getting upset.")
  - Provide alternatives to the behavior. Empower the Individual to have choices. ("Wendy do you want to go to your room and have some time alone or do you want to stay with us and enjoy the rest of your meal?")
  - If appropriate, allow the Individual time to reflect and reconsider other options.
  - Demonstrate appropriate behavior. ("Instead of pushing John out of the way it would be better to ask him politely to move.")
  - Avoid "can't" or statements of absolution when working with the person.

b) Less Restrictive Procedures

- i. Can only be used if Positive Approaches have not been effective.
- ii. Can only be used as a response to unanticipated situations or behaviors of concern without prior approval from the Restrictive Procedure Committee.
- iii. Requires approval of Restrictive Procedure Committee if used in a planned response to anticipated situations or behaviors of concern.
- iv. Examples could include:
  - Physically guiding an Individual by taking the person's arm and turning them around to redirect them from running into the street
  - Ignoring an Individual

# MIRA FACILITATION CENTER POLICY AND PROCEDURES

**SECTION:**

DIRECT CARE FOR INDIVIDUALS  
RECEIVING SERVICE

**DATE EFFECTIVE:**

January 2005

**DATE REVISED:**

February 2014

**SUBJECT:**

Planned Positive/Restrictive Procedures

- Social disapproval (“I really don’t like the way that you are yelling at everyone.”)
  - Restitution by cleaning up a thrown cup of water
- c) More Restrictive Procedures
- i. Can only be used if Positive Approaches have not been effective
  - ii. Can only be used as a response to unanticipated situations or behaviors of concern without prior approval from the Restrictive Procedure Committee.
  - iii. Requires approval of Restrictive Procedure Committee if used in a planned response to anticipated situations or behaviors of concern
  - iv. Examples could include:
    - Time out (“You need to go to kitchen to calm down.”)
    - Restricted access to activities and privileges (“If you don’t calm down you can’t go out for lunch with Susan.”)
    - Physical Restraint by holding someone’s hands if they are hitting themselves.

## Mechanical Restraints

The use of any form of mechanical restraints (seat belts for wheelchairs, helmets for seizure activity, etc.) will only be used when:

- Prescribed by a medical practitioner (doctor, physiotherapists, occupational therapists, etc.)
- Requested by a parent/legal guardian for the purposes of assuring the Individual’s safety.

## Prohibited Procedures

- a) Under no circumstances are prohibited procedures to be used.
- b) Prohibited procedures include any actions on the part of service providers, caregivers and volunteers which are described as abusive, neglectful, exploitative or inappropriate as per The Protection of Persons in Care Act

# MIRA FACILITATION CENTER POLICY AND PROCEDURES

**SECTION:**

DIRECT CARE FOR INDIVIDUALS  
RECEIVING SERVICE

**DATE EFFECTIVE:**

January 2005

**DATE REVISED:**

February 2014

**SUBJECT:**

Planned Positive/Restrictive Procedures

and/or the Disability Services (formerly PDD) "Abuse Prevention and Response Protocol".

- c) Prohibited procedures include but are not limited to actions such as: food deprivation, corporal punishment, the presentation of noxious substances (i.e. washing the mouth with soap), extended isolation, the use of electric shock, or anything that purposefully causes physical pain.

## Unanticipated Behavior

- a) In response to unanticipated situations or behaviors of concern, the Mira employee will respond using the hierarchy described above.
- b) In any instance in which these procedures are used the employee must:
  - i. Verbally report the occurrence of the incident to the Team Leader.
  - ii. Document the occurrence of the incident (within 24 hours) as a Critical Incident and submit it for review by the Team Leader and senior management.
- c) The written report shall contain the following:
  - i. Outlined details of the incident
  - ii. What action was taken by the employee
  - iii. What may have triggered it, what may prevent it from happening in the future?
  - iv. Generate any suggestions that describe the steps that will be used to prevent the Individual from placing him/herself at risk in the future and how the Individual can learn alternative, safe and/or appropriate behavior(s).

## Anticipated Behavior

Should restrictive procedures, upon review, become part of a planned response to anticipated situations or behavior of concern Mira will then:

- i. Complete a functional assessment to determine factors influencing behavior.

## MIRA FACILITATION CENTER POLICY AND PROCEDURES

**SECTION:**

DIRECT CARE FOR INDIVIDUALS  
RECEIVING SERVICE

**DATE EFFECTIVE:**

January 2005

**DATE REVISED:**

February 2014

**SUBJECT:**

Planned Positive/Restrictive Procedures

- ii. Request external professional assistance, advice, and consultation specific to the Individual's program and circumstances. This assistance will take the form of a review from appropriate professionals who will form an ad hoc Restrictive Procedure Review Committee mandated to review the situation, assist Mira in developing an intervention program, and approve its implementation.
- iii. Mira will ensure that only the least restrictive procedures are utilized.
- iv. The Executive Director or designate will directly supervise all training necessary to ethically implement the Individual's program.
- v. The Executive Director or designate will ensure that the Individual and/or his/her parent/legal guardian fully understand and consent to, in writing, the procedures, prior to implementing such a procedure.
- vi. After approval, the action plan is given to each of the following: the Mira Executive Director, the Individual, and the parent/legal guardian.
- vii. The ultimate goal of Mira is to eventually remove the restrictive procedure. The procedure will be re-evaluated regularly every six (6) months by the Executive Director, or designate, who will be responsible for evaluating the procedure being used.

### Reviewing Planned Positive/Restrictive Procedures

- a) Mira has a review committee who meets regularly and effectively evaluates the planned positive/restrictive procedures that may be used in the management of the Individuals' behavior.
- b) The Review Committee will consist of no more than six (6) external professionals who are selected based on their knowledge of the group, CET standards, and Mira's mission. Instated for a one-year term, members will be responsible for communicating with the Mira Executive Director, or designate, the cause and effects of the planned positive/restrictive procedures used.

**MIRA FACILITATION CENTER  
POLICY AND PROCEDURES**

**SECTION:**

DIRECT CARE FOR INDIVIDUALS  
RECEIVING SERVICE

**DATE EFFECTIVE:**

January 2005

**DATE REVISED:**

February 2014

**SUBJECT:**

Planned Positive/Restrictive Procedures

Assistive Technology and/or Environmental Interventions

- a) Occasionally, Individuals with developmental disabilities require devices that improve their daily living skills and promote control of their environment. It is Mira's intention to responsibly facilitate and investigate new assistive technologies and environmental interventions (AT and/or EI) that would be beneficial to an Individual.
- b) Before any AT and/or EI can be put into place, it must be supported by the Individual/parent/legal guardian as well as an appropriate qualified professional\*. It must also include guidelines to reflect its intent and use.  
\*A qualified professional could be someone within or external to Mira, who has the necessary qualifications, education, experience, attitude and judgment to recommend and/or implement assistive technology or environmental interventions. Examples could include, but are not limited to, an occupational therapist or a physician.
- c) Mira Facilitation Center is focused on assisting all Individuals currently using interventions and/technologies to improve daily living skills. This is accomplished by assisting Individuals with attending regular scheduled appointments and/or urgent changes that are required to assist the Individual.
- d) Mira realizes that any environment intervention and/or assistive technology may potentially limit the autonomy of the Individual's movement. If autonomy of an Individual may potentially change, Mira will ensure that informed consent is approved and signed by the Individual/parent/legal guardian before the intervention occurs.
- e) Any use of assistive technology and/or environmental interventions that is deemed restrictive to the Individuals' rights or negatively impacts the Individuals' welfare must ensure adherence to Mira's Planned Restrictive Procedures policy, as outlined in the preceding pages.

**MIRA FACILITATION CENTER  
POLICY AND PROCEDURES**

**SECTION:**

DIRECT CARE FOR INDIVIDUALS  
RECEIVING SERVICE

**DATE EFFECTIVE:**

January 2002

**DATE REVISED:**

February 2014

**SUBJECT:**

Reporting Major Incidents

Reporting Major Incidents

- a) Employees are required to provide accurate written documentation of all major incidents occurring within the program.
  
- b) Major incidents include, but are not limited to:
  - i. Suicide or attempt
  - ii. Homicide or attempt
  - iii. Death
  - iv. Serious injury or illness
  - v. Assault
  - vi. Serious disciplinary problems
  - vii. Serious vandalism to agency property (owned or rented facilities, furnishings, etc.)
  - viii. Violation of legal or human rights
  - ix. Fires
  - x. Physical restraint of an Individual by an employee
  - xi. Substance abuse
  - xii. Self-injurious behavior
  - xiii. Medication Error or Refusal
  
- c) Major incidents must be reported immediately to the Executive Director or designate and documented on a Critical Incident Form.
  
- d) Any critical incident involving serious risks to life, or likely receiving public attention or complaint from funders, guardians, or community is communicated to the Executive Director or designate, immediately.
  
- e) The Executive Director, or designate, will notify the relevant authorities as appropriate, and will forward a copy of the Critical Incident Form to the Individual's Social Worker or guardian.
  
- f) All Critical Incident Forms should result in the automatic review of the current Action Plan with appropriate changes as necessary.

**MIRA FACILITATION CENTER  
POLICY AND PROCEDURES**

**SECTION:**

DIRECT CARE FOR INDIVIDUALS  
RECEIVING SERVICE

**DATE EFFECTIVE:**

January 2002

**DATE REVISED:**

February 2014

**SUBJECT:**

Reporting Major Incidents

- g) All contacts with professionals should be documented on the Critical Incident Form.
- h) All follow-up measures must be documented on the Critical Incident Report (i.e. time and place of the emergency reviews, contact with the professionals, etc.).
- i) Risk assessments must be done regularly, according to the Individual's needs.
- j) Employees involved in a Major Critical Incident are required to remain on-site and complete all required documentation prior to leaving his/her shift, and/or as directed by the Executive Director, or designate.
- k) It is the responsibility of the Executive Director or designate and employees to ensure that forms are completed accurately and completely.

**MIRA FACILITATION CENTER  
POLICY AND PROCEDURES**

**SECTION:**

DIRECT CARE FOR INDIVIDUALS  
RECEIVING SERVICE

**DATE EFFECTIVE:**

January 2002

**DATE REVISED:**

February 2014

**SUBJECT:**

Reporting Minor Incidents

Reporting Minor Incidents

- a) Employees are required to provide accurate written documentation of all minor incidents occurring within the program.
- b) This will be documented in the Individual's Daily Progress Reports and in the staff communication book (in Residential setting only).
- c) Minor incidents include, but are not limited to, the following:
  - i. AWOL (Absent Without Leave)
  - ii. Minor medical attention
  - iii. Behaviors uncharacteristic of the Individual's everyday pattern of behavior
  - iv. Infectious diseases requiring immediate attention (i.e. lice, scabies, etc.)
  - v. Minor vandalism of property
- d) Minor incidents must be reported to the Executive Director, or designate, and documented on an Antecedent Behavior Consequence form within 24 hours of the incident.
- e) The Executive Director or designate will notify the relevant authorities as appropriate.
- f) All contacts with relevant authorities and follow-up measures must be documented.