

About this Standard

Situations or Behaviours of Concern	
Unanticipated	Anticipated
Unpredictable or isolated situations, behaviours, or events that put someone or property at risk	Situations, behaviours, or events that are likely to recur
Employees only respond using a positive or restrictive approach	Employees respond using a planned positive or restrictive procedure that has been developed for that specific event

This standard is about

- the employees' use of positive or restrictive approaches for unanticipated **situations or behaviours of concern**
- the service providers' responsibility to have policy and procedures that give employees clear guidelines on
 - when to use an approach vs. a plan
 - when to use a positive approach vs. a restrictive approach
 - the reason for and method of using both types of approaches
 - details around completing, submitting and reviewing incident reports

situations or behaviours of concern

- Situations where the individuals' actions place themselves or others at risk of immediate physical harm or property damage
- Behaviours of such intensity, frequency or duration that they threaten the physical safety of, or seriously impact, individuals or other persons
- See Appendix *Glossary*:
 - least restrictive
 - positive approach
 - restrictive approach
 - situations of concern
 - unanticipated situations or behaviours of concern

See Appendix *Positive and Restrictive Procedures*

If all possible positive and restrictive strategies (i.e., approaches and plans) allowed by the service provider are listed together in one place, it is important that the list makes it clear to employees

- which ones are approaches, which are planned procedures, or which are both
- which approaches are positive and which are restrictive
- which approaches will best de-escalate the type of event employees are responding to (e.g., unanticipated but easily diverted aggression, unexpected emergency situation)

Where possible, employees should first respond to every unanticipated situation or behaviour of concern using a positive approach. Examples include, but are not limited to

- making a simple, one-time change to the environment (e.g., changing the seating arrangement in a room)
- modelling or using informal practices that promote positive interactions (e.g., identifying and matching individuals who have complementary interests or skills)

When a positive approach fails to resolve the unanticipated event, or when a sudden unanticipated event can have disastrous results without physical intervention, employees must know immediately how to use a restrictive approach.

Examples include, but are not limited to

- physically grabbing, holding or restraining individuals
 - to prevent individuals from getting into a fight
 - to prevent individuals from hurting themselves (e.g., unexpectedly getting scalded or cut)
 - to protect individuals from external threats (e.g., moving vehicles, aggressive animals)
 - to stop anxiety that is close to exploding into agitation or disruptive behaviour
- giving emergency medical help

Employee learning around unanticipated situations or behaviours of concern

- must include some sort of non-violent crisis intervention training
- needs to align with recognized industry standards, such as those identified through the Community Disability Services Job Profiles¹
- must be taken by any employee who may be in a position to deal with unanticipated events

Following any unanticipated event, incident reports will be prepared according to the instructions and timelines outlined in policy. Management's review of the incident reports will include

- the decisions made
- the strategy for following up on the incident
- a strategy to address incidents, situations or behaviours that are likely to recur

Quality of Service Indicator

This indicator addresses staff's responsibility to respond to unanticipated situations or behaviours of concern according to policy and procedures.

Policies that support this Standard

- Unanticipated situations or behaviours of concern requirements

Documentary Evidence that supports this Standard

- Incident reports relating to unanticipated situations or behaviours of concern
- Staff Training Record or Master Training List that shows non-violent crisis intervention training provided to staff

¹ The *Community Disability Services Job Profiles* were developed under the Workforce 2010 project. The content of the profiles are the result of input from focus groups representing service providers, parents, academic institutions and self-advocates, and it defines the roles, responsibilities and preferred qualifications required for jobs in the Community Disability Sector

Standard 31: *The service provider has a process for responding to unanticipated situations or behaviours of concern*

Organizational Framework Level 1 Indicators

1. Policy and procedures about unanticipated situations or behaviours of concern outline
 - a. the type of positive approaches that may and may not be used
 - b. the type of restrictive approaches that may and may not be used
 - c. the types of situations in which they may be used
 - d. the follow up and documentation that is required
 - e. the criteria for initiating a planned procedure
2. Practice is consistent with policy and procedures when employees respond to unanticipated situations or behaviours of concerns
3. Training in non-violent crisis intervention meets industry standards
4. Incident reports for unanticipated situations or behaviours of concern meet specified timelines for being
 - a. documented and submitted to management
 - b. reviewed by management
5. Incident reports of unanticipated situations or behaviours of concern include
 - a. the reviews done by the individuals and any other persons involved with and/or connected to the incident
 - b. the decisions made
 - c. the strategy for following up on the incident
 - d. a strategy to address incidents, situations or behaviours that are likely to recur

Standard 31: *Staff are supported in relation to behaviours of concern*

Quality of Service Indicator

1. Staff respond to unanticipated situations or behaviours of concern according to policy and procedures

About this Standard

This standard focuses on the service providers' commitment to

- address situations or behaviours of concern by using **planned positive procedures**
- ensure that all procedures respect the individuals' rights and dignity
- search out the reasons behind behaviours by means of a **basic functional assessment**

Planned positive procedures

- target an identified behaviour of concern
- are formal in nature
- consist of structured steps for interacting, teaching or making ongoing environmental adaptations

Note: planned positive procedures are not meant to be protocols to ensure a good day for individuals who do not have a behaviour of concern.

There may be times when individuals have behaviours that are of concern because they involve excesses, compulsions or dependencies such as

- smoking
- debt control
- caffeine consumption
- food or alcohol consumption

In these cases, individuals can benefit from planned positive procedures that

- help decrease or eliminate the behaviour
- allow individuals to initiate and direct the procedure
- empower individuals to **self-regulate**
- give individuals as much personal control as possible

When behaviours affect the individuals' health, service providers may need to

- arrange for help from a **qualified professional**
- arrange for individuals to get skill development strategies through additional resources such as support groups, counselling, workshops, or classes

The development of planned positive procedures requires a consultation with a **qualified person**

- to ensure that the plans are consistent with best practices
- to identify practices that could be either positive or restrictive (e.g., body blocking as a distraction vs. body blocking to obstruct the individual's access to something)
- to identify if the planned positive procedure requires a restrictive component (e.g., restricting the individuals' rights or freedoms)
- to identify any overlooked restrictive practices within the planned positive procedure

planned positive procedure

- Interventions for behaviours of concern that move beyond using purely consequence-based approaches (i.e., positive approaches) to developing a plan to stop the behaviours in a positive way
- See Appendices
 - *Positive and Restrictive Procedures*
 - *Rights of Individuals Accessing Service*

functional assessment

- A process for identifying factors that predict and maintain behaviours of concern
- The nature and seriousness of the behaviour will determine whether a "basic" or "full" functional assessment needs to be completed
- See Appendix *Glossary*:
 - functional assessment
 - planned positive procedure

self-regulate

- To regulate one's own behaviour without external assistance or influence
- To return to a calm and alert state when responding to life's stressors
- Canadian Self-Regulation Initiative

The following table provides a brief comparison of the positions and credentials between **qualified persons** and **qualified professionals**. Specific differences and qualifications are in the Appendix *Glossary*: qualified person / qualified professional in regards to behavioural supports.

A qualified person is someone who	A qualified professional is someone who
<ul style="list-style-type: none"> • works within the organization • has the necessary qualifications (e.g., Positive Behaviour Supports training) • has a certificate or diploma • can write and/or sign off plan (as per policy) 	<ul style="list-style-type: none"> • works within or external to the organization • has the necessary qualifications (e.g., psychiatrist, physician) • has a degree • is generally used as a resource

The implementation of a planned positive procedure requires

- the procedure be initially monitored to ensure its effectiveness
- informed consent to be obtained
 - in the form of an informed consent document or
 - within planning documents
- employees to receive **workplace learning** to ensure that
 - they implement the procedures correctly and consistently
 - they collect and review the information regularly to evaluate the procedure’s ongoing effectiveness

See Appendix *Glossary*

- qualified person / qualified professional
- informed consent

workplace learning

- See *Introduction to the Standards, Use of Language*

Quality of Service Indicators

The development and implementation of a planned positive procedure requires employees to receive workplace learning to ensure that they

- understand the purpose of the procedures and the expected benefits for individuals
- implement the procedures correctly and consistently
- collect and review the information regularly to evaluate the procedure’s ongoing effectiveness

Policies that support this Standard

- Planned positive procedures in response to anticipated situations or behaviours of concern

Documentary Evidence that supports this Standard

- Blank copy of planned positive procedures form
- Planned positive procedures plans that are in place
- Behavioural committee minutes
- Staff Training Record or Master Training List that shows positive behaviour supports or equivalent training provided to staff

Standard 32: *The service provider uses planned positive procedures in response to anticipated situations or behaviours of concern*

Organizational Framework Level 1 Indicators

1. Policy and procedures outline how to use, monitor and evaluate planned positive procedures in response to anticipated situations or behaviours of concern
2. Practice is consistent with policy and procedures around using, monitoring and evaluating planned positive procedures in response to anticipated situations or behaviours of concern
3. The service provider informs its employees about the general use of positive procedures

Indicators 4 to 8 are not applicable if the service provider does not have any planned positive procedures currently in use

4. Planned positive procedures document approved strategies to address situations and behaviours of concern
5. Documentation for planned positive procedures includes
 - a. a description of the situation or behaviour of concern
 - b. a summary of the basic functional assessment that was done to explain, minimally,
 - i. what led up to the behaviour of concern
 - ii. the behaviour's consequences for the individual
 - c. the positive procedures that are included in the plan to support behaviour change
 - d. a strategy and timeline for evaluating effectiveness
 - e. documented, informed consent from the individual and/or guardian
6. An appropriate body reviews the planned positive procedure prior to implementation
7. The service provider ensures employees are oriented to the individuals' planned positive procedures
8. The service provider uses professionals and/or accesses additional resources to research skill development strategies that can be added to or replace planned positive procedures

Standard 32: *Staff are supported in relation to behaviours of concern*

Quality of Service Indicators

1. Staff understand the purpose of and know how to use positive procedures
2. Staff's descriptions of the planned positive procedures they use with the individuals they support is consistent with the plans



STANDARD 33 PLANNED RESTRICTIVE PROCEDURES

About this Standard

In situations where positive procedures alone cannot effectively alter situations or behaviours of concern, service providers may introduce a **planned restrictive procedure**.

A planned restrictive procedure may be used

- to restrain the individuals' normal range of movement or behaviour
- to limit individuals' access to events, relationships, privileges or objects that would normally be available to them
- to restrict the individuals' rights, freedoms, choices or **self-determination**; for example
 - decrease or eliminate "excessive behaviours" due to the individuals' lack of self-control or insight
- to direct the use of medication to influence behaviour (i.e., **psychotropic medication**) in the absence of a relevant medical diagnosis
- at the same time as positive procedures
- as a component of plans that involve
 - safety measures
 - externally-imposed house rules
 - co-signing for money
 - discipline and loss of privileges

Not all behaviours will need full functional and risk assessments. However, when assessing individuals for behavioural concerns, service providers need to first rule out medical concerns and grief before implementing behavioural management strategies.

Other best practice includes

- following planned restrictive procedure guidelines
- identifying skill development strategies with the help of appropriate resources, such as
 - qualified professionals
 - psychiatric and assessment services (e.g., Arnika Centre for Dual Diagnosis in Calgary)
 - support groups
 - counselling
 - classes or workshops
- having policy on planned restrictive procedures used in response to anticipated situations or behaviours of concern
- having procedures that describe how planned restrictive procedures will be documented, evaluated and reviewed
- giving employees an orientation before implementing any planned restrictive procedure

planned restrictive procedure

- Interventions for behaviours of concern that move beyond using purely consequence-based approaches (i.e., restrictive approaches) to developing a plan intended to stop behaviours that can cause harm to individuals or others, or cause damage to property
- See Appendix
 - *Positive and Restrictive Procedures*
 - *Glossary: functional assessment*

self-determination

- Direction from within only, without influence or force from without
- Determination of one's own fate or course of action without compulsion; free will
- See Appendix *Glossary: autonomy*

psychotropic medication

- Any medication prescribed to stabilize or improve mood, mental status or behaviour
- See booklet *Guidelines for the Use of Medications that Influence Behaviour*

When developing planned restrictive procedures, service providers need to meet specific criteria that include

- conducting a risk assessment that includes identifying and analyzing risks, the rate of occurrence, preparing an action plan, etc.
- using an appropriate qualified person or professional to help conduct a full functional assessment of factors influencing the situation or behaviour of concern
- ensuring that the planned restrictive procedure is appropriate for the situation or behaviour of concern and reflects best practice
- obtaining informed consent
- having a plan to review the planned restrictive procedures with the goal of reducing or eliminating the need for the restrictions
- NEVER using **prohibited procedures**, which service providers should outline in a written list

Service providers can implement an immediate, temporary restriction while collecting information about an anticipated situation that presents a high degree of risk and a concern for safety providing they show **due process** at the time.

When service providers need to use psychotropic medication to change the behaviour of individuals, it

- is considered restrictive and requires a planned restrictive procedure
- can be administered as needed (i.e., PRN) and according to the written plan
- can be administered regardless of whether there is a formal diagnosis
- must have a review process in place as per best practice

Quality of Service Indicators

The development and implementation of a planned restrictive procedure requires employees to receive workplace learning to ensure that they

- understand the purpose of the procedures and the expected benefits for individuals
- implement the procedures correctly and consistently
- collect and review the information regularly to evaluate the procedure's ongoing effectiveness

Policies that support this Standard

- Planned restrictive procedures in response to anticipated situations or behaviours of concern

Documentary Evidence that supports this Standard

- Blank copy of risk assessment for individuals
- Blank copy of functional assessment
- Blank copy of planned restrictive procedures form

prohibited procedures

- Any actions on the part of service providers, caregivers, staff and volunteers that are described as abusive, neglectful, exploitative or inappropriate as per the PPCA and/or the *Abuse Prevention and Response Protocol*
- See Appendix *Glossary*
 - prohibited procedures
 - informed consent

due process

- An established set of actions that are put in motion to safeguard the rights of individuals before restricting their choices or actions and while developing a procedure to address a situation or behaviour of concern

pro re nata (PRN)

- Medication that may or may not be prescribed but is taken only as needed, as the occasion arises, or according to circumstances

See

- Appendix *Positive and Restrictive Procedures*
- Standards 31-33
- See booklet *Guidelines for the Use of Medications that Influence Behaviour*

- Definitions of qualified person and approval body as it pertains to behaviours of concern
- Planned restrictive procedures plans that are in place
- Behavioural committee minutes
- Staff Training Record or Master Training List that shows positive behaviour supports or equivalent provided to staff

Standard 33: *The service provider uses planned restrictive procedures in response to anticipated situations or behaviours of concern*

Organizational Framework Level 1 Indicators

1. Policy and procedures give clear criteria around the ethical and appropriate use of
 - a. planned restrictive procedures in response to anticipated situations or behaviours of concern
 - b. planned restrictive procedures that include a positive component
2. Practice is consistent with policy and procedures around following accepted guidelines for the use of planned restrictive procedures

Indicators 3 to 10 are not applicable if the service provider's policy states that it does not use planned restrictive procedures

3. The service provider informs its employees about the appropriate use of restrictive procedures

Indicators 4 to 10 are not applicable if the service provider does not have any planned restrictive procedures currently in use

4. The service provider gives individuals clear information about its practices on using and reviewing planned restrictive procedures
5. Risk assessments are completed before developing and implementing planned restrictive procedures
6. Full functional assessments are completed before developing and implementing planned restrictive procedures
7. Documentation for planned restrictive procedures includes
 - a. a description of the situation or behaviour of concern
 - b. a summary of the risk assessment
 - c. a summary of the functional assessment that explains, minimally, what possibly led up to the behaviour of concern and the consequences of the behaviour for the individual
 - d. positive procedures to be included in the plan to support behaviour change
 - e. restrictive procedures to be included in the plan
 - f. a strategy to reduce or eliminate (the need for) the planned restrictive procedure (as much as possible)
 - g. termination criteria for the planned restrictive procedure
 - h. documented, informed consent from the individuals and/or guardians
8. Relevant qualified persons are used when developing, implementing, monitoring and reviewing planned restrictive procedures

9. An appropriate body is used to approve the planned restrictive procedures
10. Planned restrictive procedures document approved strategies to address situations and behaviours of concern
11. The service provider ensures employees are oriented to the individuals' planned restrictive procedures

Standard 33: *Staff are supported in relation to behaviours of concern*

Quality of Service Indicators

1. Staff understand the purpose of and know how to use restrictive procedures
2. Staff's descriptions of the planned restrictive procedures they use with the individuals they support are consistent with the plans

About this Standard

Service providers need to be committed to supporting individuals to acquire, access, safely use and/or maintain AT and/or EI that will

- improve their ability to function in regards to daily living
- help them gain control over their environment
- promote inclusion in community settings

AT is any item, piece of equipment, product or system that is used to increase, maintain or improve the individuals' functional capabilities. AT could include walking aids, eating utensils and communication systems.

EI refer to any environmental adjustments that are made to remove or overcome barriers that prevent or hinder access.

For example, service providers that have offices or day programs in public buildings may need to advocate for ease-of-access equipment with the building managers (e.g., automatic door openers) or for sidewalk ramps with the municipality.

Individuals are usually able to control their AT autonomously, but EI is generally the responsibility of the service provider or building owner. The maintenance of AT and/or EI is everyone's responsibility.

When investigating and acquiring new AT and/or EI, employees play a part in advocating for the individuals' needs; however, it is advisable to consult and, if needed, contract with qualified professionals to recommend the best solutions and to monitor the devices.

Before individuals access new AT and/or EI for the first time, there needs to be guidelines in place for individuals and staff to learn about the appropriate use of the device. The appendix on AT and/or EI includes specific questions that need to be asked when setting up guidelines.

There are three categories of AT and/or EI

1. Those that improve access through the use of aids to daily living but do not limit autonomy (e.g., wheelchairs, walkers, hearing aids)
2. Those that limit autonomy for health and safety reasons (e.g., brakes or lap belts on wheelchairs to keep individuals in an upright position)
3. Those that limit autonomy to address situations or behaviours of concern (e.g., seatbelts or shoulder harnesses on wheelchairs to restrain individuals' movement)

Employees must be given an orientation and/or receive workplace learning on the maintenance needs and schedules of all AT and/or EI that are under the service provider's purview so they can

- notify the appropriate party that the device needs to be repaired
- follow up to ensure that the device is repaired in a timely manner
- ensure that the device will not be used until repaired

See Appendix *Assistive Technology and/or Environmental Interventions* for a more comprehensive description that includes

- Definitions, examples
- *Guidelines for Use*
- *AT and/or EI Not Accompanied by an Assessment*
- *Monitoring Technology*
- *Protective Devices*

Best practice requires historical and current documentation around the intent, use and maintenance of AT and/or EI be readily available and accessible and for informed consent¹ to be present where required.

Policies that support this Standard

- Use of AT and/or EI
- Qualified professionals assessing and authorizing use of AT and/or EI

Documentary Evidence that supports this Standard

- Guidelines around the intent and use of AT and/or EI
- Completed restrictive procedure plans for AT and/or EI in place for behaviours of concern
- Maintenance records for AT and/or EI

Standard 34: *The service provider supports individuals to use AT and/or EI*

Organizational Framework Level 1 Indicators

1. Policy and procedures outline how to investigate and use AT and/or EI to
 - a. enhance individuals' independence in daily living
 - b. increase their control in various environments
 - c. promote their inclusion in community settings
2. Practice is consistent with policy and procedures around investigating and using AT and/or EI
3. Policy and procedures require consultation with professionals who are qualified to assess and authorize the use of AT and/or EI, including any that might limit the individuals' autonomy
4. Practice is consistent with policy and procedures around using qualified professionals to assess and authorize the use of AT and/or EI, including any that might limit the individuals' autonomy
5. Guidelines outline the intent and use of AT and/or EI and how to maximize the users' safety and independence
6. Guidelines for the use of AT and/or EI follow restrictive procedures when it is in place to address a behaviour of concern
7. The service provider obtains informed consent before using AT and/or EI
8. Written procedures describe how to support individuals to maintain and/or replace their AT and/or EI as needed
9. The service provider gives employees information and instruction about the techniques for using any AT and/or EI that are in place

¹ Appendix *Glossary*: informed consent