

Policy & Procedure Manual

USE OF INTRUSIVE INTERVENTION MEASURES – AD-III-5

POLICY:

Behaviour intervention used to address challenging behaviour shall utilize the least restrictive alternative necessary to provide for the health, safety and well-being of the person and others.

Prior to resorting to the use of intrusive measures, less restrictive measures must have been tried and have been determined, based on evaluation of the data collected, to be unsuccessful or not feasible. Intrusive measures will only be used when necessary to ensure the safety of the person or others and shall not be used as a routine method of controlling inappropriate behaviour.

When risk to the person or others in their surroundings necessitate a more intrusive approach, a Behaviour Support Plan (BSP) will be developed in accordance with Behaviour Intervention and Positive Support Strategies Policy AD-III-4. Plans that include intrusive measures will have the word **“intrusive”** bolded and underlined in the plan.

When intrusive measures are used they will be implemented, reported and documented as outlined in this policy and in accordance with mandatory requirements set out in Ontario Regulations 299/10 and MCCSS additional Policy Directives.

OPTIONS NORTHWEST recognizes and supports the rights of people supported or person’s acting on their behalf to collaborate with Clinicians in developing BSPs to assist them in managing their behaviour. A BSP shall be implemented with the fully informed consent of the capable person or the person acting on their behalf. If there is reasonable concern that the person receiving behavioural supports is not capable of making an informed decision a mechanism for identifying a substitute decision maker will be determined.

OPTIONS NORTHWEST also recognizes and supports the rights of people supported to have control over their personal information. Given that some person may not wish for their guardians to be notified of the use of intrusive measures, consent will be sought where appropriate.

PURPOSE:

1. To ensure the safety, rights and well-being of a person whose behaviour indicates that they are at significant risk of causing serious bodily harm to themselves or another person.
2. To set out the Ministry's requirements regarding the use of intrusive behaviour intervention strategies for people who have challenging behaviour.
3. To ensure that intrusive measures outlined in a person's BSP are carried out in a consistent manner.
4. To ensure all employees, students, and volunteers providing support from other organizations are trained in the implementation of any intrusive behaviour intervention.
5. To ensure that prior to resorting to the use of intrusive measures all other nonintrusive alternatives have been attempted and deemed to be ineffective. When intrusive measures are required these techniques will be monitored and reported.
6. To ensure consent is obtained and documented from the person and/or the person acting on their behalf before implementing any BSP.
7. To ensure consent is obtained and documented from the person to notify the person acting on their behalf of the use of intrusive measures.

SECTIONS OF THIS POLICY:

SECTION A) DEFINITIONS OF INTRUSIVE MEASURES AND THEIR USE
SECTION B) NOTIFICATION AND CONSENT
SECTION C) USING AND MONITORING INTRUSIVE MEASURES
SECTION D) DOCUMENTING
SECTION E) REPORTING AND MONITORING
SECTION F) DEBRIEFING AFTER RESTRAINT OR SECURE ISOLATION
/CONFINEMENT TIME-OUT
SECTION G) EDUCATION AND TRAINING

A) DEFINITIONS OF INTRUSIVE MEASURES AND THEIR USE:

DEFINITIONS:

From Ontario Regulation 299/10:

Physical Restraint:

A “physical restraint”, as an example of a type of intrusive behaviour intervention includes “a holding technique to restrict the ability of the person with a developmental disability to move freely, but does not include the restriction of movement, physical redirection or physical prompting if the restriction of movement, physical redirection or physical prompting is brief, gentle and part of a behaviour teaching program.”

Mechanical Restraint:

“Mechanical restraint”, as an example of a type of intrusive behaviour intervention is “a means of controlling behaviour that involves the use of devices and equipment to restrict movement, but does not include any restraint or device that:

- i) is worn most of the time to prevent personal injury, such as a helmet to prevent head injury resulting from seizures or a device to safely transport a person in a motor vehicle,
- ii) helps to position balance, such as straps to hold a person upright in a wheelchair, or
- iii) is prescribed by a physician to aid in medical treatment, such as straps used to prevent a person from removing an “intravenous tube”.

Any apparatus or device used as part of a mechanical restraint will meet all of the following standards:

- i) It is designed and manufactured for use as a mechanical restraint;
- ii) It is appropriate for use with the person (e.g., the size of the device or apparatus is appropriate to the size and weight of the person);
- iii) It is purchased from a company that is dedicated to manufacturing such devices;
- iv) It is checked by agency employees to ensure that it is in good working order at all times; and
- v) It is maintained in good repair by the manufacturer or by a person or organization recommended by the manufacturer.

Further to the above definition, a mechanical restraint is **not** a device that is worn or used at points in time for protective purposes, such as mittens.

Secure Isolation/Confinement Time-out:

“Secure isolation or confinement time-out”, as an example of a type of intrusive behaviour intervention is “a designated, secure space that is used to separate or isolate the person from others and which the person is not voluntarily able to leave.” Secure isolation or confinement time-out does not refer to a space that a person may use to “cool down” when they feel anxious or angry, and where the person may leave freely or to an apartment where the person may live on their own”.

Prescribed Medication:

“Prescribed medication” PRN (as needed), as an example of an intrusive procedure or action is medication that is prescribed “to assist the person in calming themselves, with a clearly defined protocol developed by a physician as to when to administer the medication and how it is to be monitored and reviewed”.

Where prescribed, **PRN** medication is recommended to be used to address a person’s challenging behaviour as part of their BSP, a one-time visit to a physician, or a visit to a hospital emergency room, there will be a protocol for the use of prescribed medication administered on a PRN basis only, on advice of the prescribing physician. PRNs are not to be administered:

- i) As a punishment for the person’s behaviour, a mistake or wrong-doing;
- ii) Excessively, beyond the recommended dosage;
- ii) For convenience, to make it easier for employees to support the person; and
- iii) As a substitute for meaningful supports.

All medication prescribed to the person with a developmental disability who has challenging behaviour will be reviewed by the prescribing physician and will be included in the regular review of the person’s BSP.

B) NOTIFICATION AND CONSENT:

PROCEDURE:

1. The person whose BSP includes the use of intrusive measures will be informed, involved and consent documented. Their consent will be obtained regarding the strategies outlined in their plan and for the notification of the person acting on their behalf when intrusive measures are used. The consent for Behaviour Support Plan

and Notification of Use of Intrusive Measures form (see Appendix A) will be completed and attached to their BSP. When the person cannot give consent, the person acting on their behalf will be involved and notified.

2. A plan of notification will be developed that best suits the person's needs, and, as appropriate the person acting on their behalf. The manner and method in which the person acting on the person's behalf is informed will depend on the situation. Circumstances may require only periodic notification i.e. through a monthly update, while other situations may warrant notification following every use of an intrusive measure. This plan will be outlined on the Notification of Use of Intrusive Measures form (see Appendix B) and will be attached to the person's BSP.
3. When an intrusive measure that is not specified in a BSP is used (e.g., an isolated incident requiring NCI physical restraint), the same consideration will be given.
4. Should the person not want the person acting on their behalf to be notified of the use of intrusive measures their request will be respected and documented on the BSP.
5. The person acting on the person's behalf will be notified when physical restraint of the person supported is used during a crisis situation.
6. When BSPs are reviewed verification of the above processes will also be reviewed and the forms and BSP will be updated as required.

C) USING AND MONITORING INTRUSIVE MEASURES:

PROCEDURE:

1. OPTIONS NORTHWEST endorses the use of behaviour intervention techniques that assist a person to develop strategies to manage their own behaviour and that are based on a positive behavioural support model. (see Behaviour Intervention and Positive Support Strategies Policy AD-III-4).
2. The use of intrusive behaviour interventions in a BSP will maintain a focus on the most positive and least intrusive strategies and will only be used when the person is at immediate risk of harming themselves, others or causing property damage. The BSP must include all alternative measures tried and determined to be unsuccessful or not feasible prior to implementing the intrusive measure.
3. All BSPs which employ intrusive behaviour interventions must be approved and supervised by a Psychologist or Psychological Associate, Psychiatrist, Physician, or

Behaviour Analyst certified by the Behaviour Analysts Certification Board and reviewed at least twice in each 12 month period.

4. The Supervisor will ensure all employees supporting a person who has an intrusive intervention measure outlined in their BSP receives the required training identified in their plan and in accordance with this policy (see section G - Education and Training).
5. Each person who demonstrates behaviours that are self-injurious or endanger the health or safety of others or involve significant property destruction must have a clearly defined set of procedures outlined in their BSP. The BSP will describe these behaviours, specific instructions on how they should be addressed, proactive strategies that will prevent or reduce the potential of the behaviours occurring, and responses at each level of behavioural escalation (as appropriate).
6. Where there is risk of personal injury, or where the person intervening is not capable of appropriate intervention, a call will be made for outside support which can include calling additional employees from the fan out list, Crisis Response Team and/or the Police. No person is expected to subject themselves to undue harm or danger and this intervention will be identified in the person's BSP if one is in place.
7. Prescribed medication, including PRN's used to assist a person in calming themselves when experiencing challenging behaviour, is considered an intrusive measure. They will only be administered according to the specific instructions (written protocol) of a qualified medical practitioner as identified on the Physician's Order Sheet and/or referenced in the BSP. The use of any such medications will be documented on the Medication Administration Record and in the person's personal binder.
8. The use of PRN's for the purpose of reducing challenging behaviour will be reviewed by the support team at monthly team meetings to determine whether they are still necessary and effective. Based on these reviews, the Clinician will be consulted, appropriate behavioural data reviewed, and a summary of the data provided to the Physician. The physician will then review the necessity of continuing the use of the PRN and discuss this choice with the person and/or the person acting on their behalf. Consent will be obtained as required according to Consent/Decision Making Policy AD-I-9.
9. Physical restraint should be used solely as a last resort in crisis situations, unless otherwise identified in the person's BSP.
10. When physical, mechanical restraint is identified in a person's BSP there must be clear written protocols identifying specific directions on the appropriate method of

application of the intrusive measure, when it is to be used and the maximum length of time it can be applied, unless otherwise indicated by legislation.

11. If physical or mechanical restraint is necessary, it is carried out using the least amount of force that is necessary to restrict the person's ability to move. In the event the use of physical intervention is not effective, emergency/first response services are to be contacted by calling 911.
12. When secure isolation/confinement time-out is identified in a person's BSP:
 - a) The Plan must set out clear protocols to indicate the duration of time that a person may spend in secure isolation/confinement time-out, any extension periods, and the total/maximum amount of time that a person may spend in secure isolation/confinement time-out (these factors will be based at minimum on requirements put forth in existing or future policy directives or relevant legislation).
 - b) The physical space of the secure isolation/confinement time-out room used:
 - Must not be used as a bedroom for the person
 - Must be of an adequate size for the person
 - Must not contain any objects that could be used by the person to cause injury or damage to themselves or others
 - Must be a safe area, with modifications (as appropriate) that would protect the person from self-injury
 - Must have a means to allow employees to constantly observe and monitor the person (e.g. a window, a video-camera)
 - Must be adequately illuminated so that the person inside the room may be seen
 - Must be adequately ventilated and heated/cooled.
 - The homes fire escape plan must include provision for escape from the secure isolation/confinement time-out room, in the event of an emergency
 - If the secure isolation/confinement time-out room has a lock on the door to prevent the person from leaving the room, the lock will be easily released from the outside in an emergency.
13. During the use of physical and mechanical restraints and secure isolation/confinement time out the person's condition must be continually monitored and assessed at least every fifteen minutes using the Intrusive Intervention Summary (see Appendix C).

14. The use of physical restraint, mechanical restraint, and secure isolation/confinement time-out will be stopped when:
 - a) There may be a risk that the restraint itself will endanger the health or safety of the person who is being restrained.
 - b) The direct support professional has assessed the person and situation and has determined that there is no longer a clear and imminent risk that the person will injure themselves or others.

15. The use of physical and mechanical restraints and secure isolation/confinement time will be reviewed by the support team at monthly team meetings to determine whether they are still necessary and effective. Based on these reviews, a recommendation of whether to modify, discontinue or maintain the intervention will be made to the Clinician responsible for the plan.

16. The Clinician(s) who approved the plan must include provisions for the eventual fading or elimination of intrusive behaviour intervention strategies, which will be outlined in the BSP.

D) DOCUMENTING:

1. Frequent and thorough documentation in the person's personal binder is essential whenever an intrusive measure is used. The necessary documentation shall include:
 - a) A description of the behaviour that necessitated the use of the intrusive measure,
 - b) The alternative measures tried that were unsuccessful or not feasible,
 - c) The date and time of the application of the intrusive measure,
 - d) A description of the means of the intrusive measure,
 - e) The duration of the intrusive measure,
 - f) Evidence of frequent monitoring of the condition of the person to assess the need for the intrusive measure,(Appendix C)
 - g) Frequent monitoring to assess the risk to the person and/or possible injury or pain,
 - h) The effect of the intrusive measure on the person's behaviour e.g. increased agitation or frustration; attempts to remove; or reduced agitation,
 - i) The time the intrusive measure was discontinued and the physical, emotional and mental status of the person after the discontinuation,
 - j) Explanations and consultation with the person and the person acting on their behalf as required regarding the reasons for the intrusive measure that had taken place,
 - k) A summary entry in the casebook utilizing information from the Intrusive Measures Record form that was completed.

2. A review of the use of intrusive measures will be noted on the person's Monthly Summary Update.
3. Employees will document the use of the intrusive measure and, as appropriate, the notification of the person acting on behalf of the person in the log book to ensure other employees supporting the person are made aware.

E) REPORTING AND MONITORING:

1. The Supervisor/Supervisor On Call will be notified of all incidents requiring the use of intrusive measures which will be reported using the Incident Report form in accordance with Incident Report and Follow-up Policy AD-I-6.
2. The Supervisor/Supervisor On Call will contact the Manager On Call and the Serious Occurrence Reporting and Follow-Up Policy AD-I-7 will be followed as required.
3. The Supervisor will evaluate the application of the intrusive intervention strategies used to ensure the strategies were effective and carried out as outlined in the BSP. The Supervisor will indicate this on the incident report, and provide feedback to the employee(s) involved. Feedback on the employee's overall performance related to the application of behaviour intervention techniques will also be given as part of their annual performance review.
4. The Supervisor will notify the Clinician overseeing the person's BSP of the use of any intrusive intervention measure and provide a copy of the incident report. The Supervisor and Clinician will evaluate the effectiveness of the intervention used and revisions will be made to the plan as required.
5. The Supervisor will ensure a Third Party Review of the BSP for persons who have challenging behaviour (before it is implemented) as well as reviewed at least twice in a 12-month period (see Ethical Review of Intrusive Measures Policy AD-III-11). This committee will provide advice as to whether the use of intrusive behavioural supports is:
 - a) ethical and appropriate to the person's needs and assessment results based on professional guidelines and best practices and
 - b) in compliance with the Ministry's requirement outlined in the regulation to the Services and Supports to Promote the Social Inclusion of Persons with Developmental Disabilities Act 2008 and the policy directive.

F) DEBRIEFING AFTER RESTRAINT OR SECURE ISOLATION/CONFINEMENT TIME-OUT:

1. A debriefing is a time to learn from, and reflect on, the events that led up to the use of a restraint or secure isolation/confinement time-out. After a physical restraint (including physical restraint in a crisis situation), mechanical restraint, or secure isolation/confinement time-out a debriefing process will be conducted with:
 - a) The person who was restrained or in secure isolation/confinement time-out (including persons involved in a crisis situation), as soon as they are able to participate, and to the extent that they are willing to participate; the debriefing must be structured to accommodate the person's psychological and emotional needs and cognitive capacity;
 - b) All employees who were involved in the restraint or secure isolation/confinement time-out;
 - c) Others who were in the vicinity and witnessed the restraint or secure isolation/confinement time-out (e.g., other persons who are supported in the same area, visitors) as to their well-being from having witnessed the restraint;
 - d) Other employees who support the person are made aware of the restraint or secure isolation/confinement time-out (e.g., in the event of a shift change shortly after the restraint or secure isolation/confinement time-out has taken place).
2. The debriefing process will be conducted within two business days after the restraint or secure isolation/confinement time-out is carried out (including crisis situations). If circumstances do not permit a debriefing process to be conducted within two business days, the debriefing process should be conducted as soon as possible and the circumstances that prevented the debriefing process from being conducted within two business days will be documented in the person's personal binder.
3. All debriefing sessions will be documented on the incident report and in the appropriate person's personal binder.

G) EDUCATION AND TRAINING:

1. The Supervisor will ensure all employees, students, and employees that work for another agency involved with the plan receive the following training prior to supporting a person whose behaviour support plan identifies the use of intrusive measures:

- a) Orientation to the BSP
- b) Training on the use of any intrusive intervention strategy identified in the BSP including specific instruction on how to apply any necessary restraint
- c) Have successfully completed the Nonviolent Crisis Intervention® course and who are current in their qualifications
- d) On-going reinforcement regarding the philosophy of least restrictive alternatives.

The above training will be outlined in the person's BSP.

2. All employees who provide direct support to persons whose BSP identifies the use of intrusive measures will review any changes made to the person's support plan and will sign the attached BSP Revision Signature Page (see Appendix D) in accordance with Behaviour Intervention and Positive Support Strategies Policy AD-III-4. Additional training will be provided as required.

RECOMMENDED BY: Director, Community Services

APPENDICES: 4

OPERATIONAL ACCOUNTABILITY: Administration, Human Resources, Community Services (all)

ORIGINAL POLICY DATE: November 1991

AUTHORIZED BY: Executive Director

SIGNATURE: _____



- OPTIONS NORTHWEST -

Consent for Behaviour Support Plan and Notification of Use of Intrusive Measures

I have a Behaviour Support Plan at OPTIONS NORTHWEST. My Behaviour Support Plan tells employees and others how to support me if I need help with my behaviour.

Sometimes I need intrusive measures such as _____
_____ to help me to calm down.

The Ministry of Children Community and Social Services (the Government) makes sure that OPTIONS NORTHWEST keeps track of my Behaviour Support Plan and my intrusive measure. With my permission, OPTIONS NORTHWEST would like to tell the person acting on my behalf _____ about my Behaviour Support Plan and intrusive measures.

I understand the purpose of this consent form. I understand that I can refuse to sign this consent form. I understand that I can change my mind and withdraw my consent at any time by notifying the supervisor of my group home, my clinician or by telling any OPTIONS NORTHWEST employee who is supporting me.

CONSENT FOR BEHAVIOUR SUPPORT PLAN:

- I agree with my Behaviour Support Plan and expect my support team to follow the plan
- I do not agree with my Behaviour Support Plan and expect my support team to follow the plan
- I agree that OPTIONS NORTHWEST can share my Behaviour Support Plan with the person acting on my behalf
- I do NOT want OPTIONS NORTHWEST to share my Behaviour Support Plan with the person acting on my behalf

CONSENT FOR NOTIFICATION OF THE USE OF INTRUSIVE MEASURES:

- I agree to the intrusive measures outlined in my Behaviour Support Plan
- I do not agree to the intrusive measures outlined in my Behaviour Support Plan
- I agree that OPTIONS NORTHWEST can share information about the use of my intrusive measures, with the person acting on my behalf
- I do NOT want OPTIONS NORTHWEST to share information about my intrusive measures with the person acting on my behalf

Person Supported

Signature

Date

Witness Name

Witness Signature

Date

- OPTIONS NORTHWEST -
NOTIFICATION OF USE OF INTRUSIVE MEASURES

The Ministry of Children, Community and Social Services has provided guidelines for agencies that support people with developmental disabilities in the *Services and Supports to Promote the Social Inclusion of Persons with Developmental Disabilities Act, 2008*. The Act includes guidelines for supporting individuals with challenging behaviour.

Challenging behaviour is defined in the Act as “behaviour that is aggressive or injurious to self or others or that causes property damage or both and that limits the ability of the person with a developmental disability to participate in daily life activities and in the community or to learn new skills or that is any combination of them”.

Any person supported by OPTIONS NORTHWEST who exhibits such challenging behaviour must have a Behaviour Support Plan, as mandated by the Act. A Behaviour Support Plan shall outline positive behaviour intervention strategies, including the least intrusive and most effective strategies possible, for a person with a developmental disability who has challenging behaviour. The plan shall also ensure that these strategies are designed to focus on the development of positive behaviour, communication, and adaptive skills to enable the person to reduce, change, and overcome their challenging behaviour that limits the potential for their inclusion in the community.

Sometimes a Behaviour Support Plan will include intrusive measures, defined in the Act as “a procedure or action taken on a person in order to address the person with a developmental disability’s challenging behaviour, when the person is at risk of harming themselves or others or causing property damage”. The use of intrusive measures are carefully monitored and documented by OPTIONS NORTHWEST.

The Act also mandates that the person acting on behalf of an individual supported by OPTIONS NORTHWEST will receive regular updates on the use of all intrusive measures.

NOTIFICATION OF USE OF INTRUSIVE MEASURES

As the person acting on behalf of _____, you will receive updates on the use of the following intrusive measures outlined in their behavior support plan _____

Period from: _____ to _____
month, year month, year

I would like to receive updates:

- Every time an intrusive measure is used
- Once a month
- Every 6 months
- Other (see below)

I prefer the following frequency of notification: _____

This is how I would like to receive notification:

- Phone
- Mail
- Other - please list: _____

Signature: _____ Date: _____
Person Acting on Behalf of the Individual

Relationship to the Individual: _____

Signature: _____
Witness

NOTIFICATION OF USE OF INTRUSIVE MEASURES

As the person acting on behalf of _____, you will receive updates on the use of the following intrusive measures outlined in their behavior support plan _____

Period from: _____ to _____
month, year month, year

I would like to receive updates:

- Every time an intrusive measure is used
- Once a month
- Every 6 months
- Other (see below)

I prefer the following frequency of notification: _____

This is how I would like to receive notification:

- Phone
- Mail
- Other - please list: _____

Signature: _____ Date: _____
Person Acting on Behalf of the Individual

Relationship to the Individual: _____

Signature: _____
Witness

Name of Person Supported _____

PRN Tracking – Record Observation every 15 minutes for 2 hours following administration

POLICY AD-III-5
APPENDIX C

DATE:	Time Administered:	Medication (Name/Dose):	Reason for Administration: <i>(Pain, SIB, Aggression)</i>	Less/non-intrusive strategies attempted prior to PRN administration: <i>(redirection, ignoring, behavioural momentum, etc.)</i>	PRN Effective? <input type="checkbox"/> Yes <input type="checkbox"/> No
Effectiveness Tracking:					
15 minutes post administration <input type="checkbox"/>	What is the person doing?		Have you noted, or has the person disclosed any negative side effects?		PRN Effective? <input type="checkbox"/> Yes <input type="checkbox"/> No
30 minutes post administration <input type="checkbox"/>	What is the person doing?		Have you noted, or has the person disclosed any negative side effects?		PRN Effective? <input type="checkbox"/> Yes <input type="checkbox"/> No
45 minutes post administration <input type="checkbox"/>	What is the person doing?		Have you noted, or has the person disclosed any negative side effects?		PRN Effective? <input type="checkbox"/> Yes <input type="checkbox"/> No
1-hour post administration <input type="checkbox"/>	What is the person doing?		Have you noted, or has the person disclosed any negative side effects?		PRN Effective? <input type="checkbox"/> Yes <input type="checkbox"/> No
1 hour 15 minutes post administration <input type="checkbox"/>	What is the person doing?		Have you noted, or has the person disclosed any negative side effects?		PRN Effective? <input type="checkbox"/> Yes <input type="checkbox"/> No
1 hour 30 minutes post administration <input type="checkbox"/>	What is the person doing?		Have you noted, or has the person disclosed any negative side effects?		PRN Effective? <input type="checkbox"/> Yes <input type="checkbox"/> No
1 hour 45 minutes post administration <input type="checkbox"/>	What is the person doing?		Have you noted, or has the person disclosed any negative side effects?		PRN Effective? <input type="checkbox"/> Yes <input type="checkbox"/> No
2-hour post administration <input type="checkbox"/>	What is the person doing?		Have you noted, or has the person disclosed any negative side effects?		PRN Effective? <input type="checkbox"/> Yes <input type="checkbox"/> No

Employee name (Print) _____ Employee Signature _____
 Incident Report completed/faxed Family / POA notified Yes No

PSS2320/OCT2020

- OPTIONS NORTHWEST -
BEHAVIOUR SUPPORT PLAN REVISION SIGNATURE PAGE

For: _____

Date: _____

Revisions Made to Page(s): _____

Below, list all full time and part time employees at this location.

Read and sign by: _____

Name - printed	Signature	Date Read

Below, list all casual and part time employees from other locations.

Read and sign by: **NEXT SHIFT**

Name - printed	Signature	Date Read

