

Procedure No. 2-6-19

Revised: 03-01-23
Issued: 09-21-07

SUBJECT: Positive Support Team

PURPOSE: To establish a procedure to assist program staff during situations when the individual's supported displays aggressive, assaulting, challenging or out-of-control behavior.

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Procedure Rational and Philosophy: The Positive Support Team members will be available to support program staff during crisis situations 24 hours a day on the weekends and holidays. Crisis intervention is a small segment of time in which staff members intervene with another person to address behavior that may escalate into disruptive or even violent incidents. The goal of staff is to intervene in a way that provides for the care, welfare, safety and security of all who are involved in a crisis situation. Staff will also promote the mission and values of the organization during crisis situations.

Prevention of aggressive and challenging behaviors: Team members and support staff will look for early warning signs to address potential escalating behaviors. Strategies for early intervention and de-escalation and interruption of escalating behavior will be outlined in the CPI Training curriculum and positive support plans of individuals receiving services.

Promoting the well-being of the individual receiving support and staff: There are inherent risks associated with the use of physical intervention. If they must be used as a last resort, consideration must be given to factors that will make the process as safe as possible for everyone involved, particularly for individual needing physical intervention. Restraint occurs anytime you restrict a person's freedom of movement by holding the person or using a mechanical device, you are restraining an individual. The following is a precautionary measure that should be considered when using physical intervention.

- While safety is always the priority, preserving the dignity of the individual should also be considered.
- Non-physical interventions are always preferred.
- Physical interventions are never used to punish or coerce.
- Physical interventions are intended to be pain free.
- Physical interventions are never used as a convenience for staff.
- The least amount of force necessary should be used, and for the least amount of time necessary.
- Physical intervention should be combined with other approaches that will help the individual learn more adaptive behavior (diminishing the need for physical intervention in the future)
- Mechanical Restraints are prohibited.

The Use of Physical Intervention

Positive Support Team members and staff working with individuals supported requiring physical intervention must be CPI certified. This training will be provided by Woodhaven's Director of Quality Assurance or designee. Sometimes it may be necessary to use physical restraint in order to provide medical or nursing care. For example: A confused individual may need restraints to prevent him/her from removing an IV that is providing needed medication. Physical restraint may be necessary when health and safety issues arise. The following precautionary measure to also consider when using physical intervention:

- Physical Intervention should only be used when a person is an immediate danger to self or others.
- Staff members are not to use any physical intervention for which they have not been trained.
- The use of physical interventions not specifically authorized by Woodhaven will be grounds for disciplinary action.
- Floor restraint should not be used.
- Physical interventions which compromise safety or impair the individuals ability to breathe should not be used.
- During the use of physical interventions, staff must closely monitor the well being of the individual receiving services.
- Following the use of physical intervention, the individual receiving services should be assessed for injury or psychological distress and monitored 24 hours following the incident.

Team Approach: When a crisis situation arises and the positive support team is requested to assist, there should be, at a minimum, two members from the team going to the location to provide assistance. When direct support staff encounter a crisis situation they should contact their Home Coordinator or Program Manager. The Home Coordinator or Program Manager will make the decision to determine if it is appropriate to request the assistance of the Positive Support Team. The Positive Support Team will include the Director of Programs, Director of Quality Assurance, Some members of the Program Manager and Home Coordinator Team and designated DSP's. In the event the direct support staff and members of the Positive Support Team are unable to appropriately de-escalate a crisis situation, law enforcement may need to be contacted to ensure the safety of all involved or if the risk of harm requires more immediate response, law enforcement will be contacted to ensure the safety of all involved, without activating the Positive Support Team.

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Crisis Intervention Training: It is imperative that staff members responsible for preventing and intervening in crisis situations are well trained. The training that the staff receive will be to emphasize proactive and early intervention strategies and skills so that the use of physical intervention is truly minimal. Members of the Positive Support Team and direct support staff working with individuals needing physical intervention will be required to be CPI certified.

Procedure for documenting critical incidents: At a minimum, all situations requiring physical interventions should be documented, as well as any that resulted in injury to any person involved. See organizations procedure on Incident Reports.

Crisis Intervention Follow-up and Accountability: The time following an intervention is an opportunity for everyone to learn from the situation. The following process should be conducted: The individual should be provided Therapeutic Rapport. This is a time for re-establishing communication and identifying alternative behaviors for the future. Review the Positive Support Plan and revise with input from the individual and the support team. Therapeutic Rapport is a means of giving responsibility back to the individual in a way that communicates continued support and respect.

Staff members must debrief within 5 days of the incident occurring. This is a time to examine different perspectives on the situation and evaluate the strategies implemented. It involves exploring options for earlier detection and earlier intervention, as well as identifying effective and ineffective patterns of interventions with this individual or in this type of situation. It is an opportunity to plan and prepare for the future – to become even more skilled at providing the best care, welfare, safety and security. It may also involve us reviewing and revising procedures, the use of Team Approach, Training needs, etc. If a restraint is utilized, a team review of restraint must be completed with Service Coordinator from Boone County Family Resources.

Approved by: _____
Director of Residential & Community Services

Date: _____