



A not for profit company

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<b>Effective Date:</b> January 1, 2016	<b>Replaces:</b> January 15, 2014

<b>SECTION:</b>	<b>CLIENT SERVICES</b>
<b>TOPIC:</b>	<b>POSITIVE APPROACHES AND RESTRICTIVE PROCEDURES</b>

**Intent:** To affirm the Agency’s commitment to positive approaches and to ensure safety issues and ethical guidelines are followed in the development, implementation, and evaluation of behavioural support.

**Definitions:**

**Positive Approaches** are any of a variety of supports that respect the dignity and rights of the individual and enhance the individual’s quality of life.

**Positive Procedures** are support strategies that address behaviours of concern through positive approaches including, altering environments, teaching alternative skills, and positively reinforcing desirable behaviour.

A “**Restrictive Procedure**” is defined as any act that restricts the rights, freedoms, choices or self-determination of an individual. It is a response to a situation or behaviour of concern that:

- Restrains an individual’s normal range of movement or behaviour, and/or
- Limits access to events, relationships, privileges or objects that would normally be available to that individual.

Employees and volunteers are expected to use positive approaches as the primary means of supporting individuals in our service. Interactions are to be guided by a spirit of collaboration, respect for client rights, and an understanding of the accreditation standards. A functional assessment (basic or full) will be done to determine the function of the behaviour for the individual to assist the team in developing the most effective support approaches.

Positive procedures are to be developed and entered in the Client Profile (subject to the consent of the individual and/or advocate or guardian) when the client’s support team determines such procedures are needed. The input of a ‘qualified person’ is required before implementing or revising positive procedures to address behavior of concern. Need is established when an unanticipated situation or behaviour of concern happens repeatedly in the same or similar context. Rather than base decisions on a single number, risk will be a factor considered (Refer to Support Approach Guidelines).

Employees and volunteers will be oriented to use Assisted Technology and Environmental Interventions that will improve the client’s independence in daily living, help them gain control over their environment and promote inclusion in community settings.



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The Agency follows the principle of the least restrictive alternative in the use of behavioural support. Restrictive procedures are only considered where less intrusive options (e.g., positive procedures) have proven ineffective or inadvisable on their own. The primary focus in using such procedures is to maintain safety and security. Punishment is not considered an appropriate purpose in the development of support approaches using restrictive procedures. Planned behavioural support that employs any restrictive procedures **must** include positive procedures.

Planning behavioural support for anticipated behaviours or situations of concern requires the input of the individual (where appropriate) and the guardian or advocate of the individual (according to their wishes). Planning (whether for positive procedures or restrictive procedures) also requires the input of direct care staff, supervisors, and the assigned 'qualified person'. The development of support strategies must follow ethical standards (as embodied by the *Support Approach Guidelines*). See the *Support Approach Guidelines* for examples of positive procedures and restrictive procedures authorized within planned supports (Client Profiles).

Planned use of positive procedures alone or along with restrictive procedures must have the authorization of a 'qualified person' (i.e., a Support Approach Consultant, or Service Area Designate). Positive approaches and restrictive procedures must also be reviewed and authorized by a second 'qualified person' (i.e., a Reviewing Psychologist, or Service Area Designate) who has not been involved in the development of the procedures. Positive Procedures and Restrictive Procedures are not implemented without the informed consent of the individual, their guardian, and/or advocate, as appropriate. Planned procedures must be written in the Client Profile or an accepted interim format. Either the Agency's Therapeutic Advisory Committee (TAC) or Therapeutic Review Committee (TRC) also reviews support strategies for input, not authorization.

Staff must be trained before implementing support strategies including positive and restrictive procedures. All direct support personnel must attend the Agency workshops: *Positive Approaches and Restrictive Procedures*, and *Nonviolent Crisis Intervention (CPI)*. Agency supervisory personnel must also attend the workshop: *Introduction to Positive Behaviour Support*. Direct care staff must be trained through reading the Client Profile under the direction of an appropriate supervisor. Staff must also receive orientation to both positive procedures and restrictive procedures. Agency supervisors and an assigned 'qualified person' (i.e., a Support Approach Consultant or Service Area Designate) are jointly responsible to monitor, and evaluate support strategies.



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Direct care and supervisory staff are responsible to record and report relevant data to assist with regular evaluation (as specified in the individual Client Profile).

While planned support approaches are preferred, we recognize that unanticipated behaviours of concern may happen. Positive approaches are considered the primary means of support with unanticipated situations or behaviors of concern. Where risk to the individual, others, or property can't be safely managed, through exclusively positive approaches, restrictive procedures may have to be used on an emergency basis. The use of restrictive procedures in an emergency or without prior authorization and consent must be documented on an Incident Report (follow the *Guidelines for Incident Reporting*). All Incident reports must be reviewed as outlined in the Guidelines. Examples of positive approaches and restrictive procedures that can (and can't) be used in unanticipated situations are described in the Support Approach Guidelines.

The "emergency" use of physical restraint in any form is limited as outlined in the *Support Approach Guidelines*. Emergency use of response cost procedures is also limited as outlined in *the Support Approach Guidelines*. Overcorrection procedures are never used on an emergency basis. Containment in an unlocked room (known as Isolation in some jurisdictions) is authorized for safety purposes and is subject to strict monitoring (see the *Support Approach Guidelines*).

Techniques involving "punishment by presentation" (i.e., any procedure that exposes an individual to any substance that is unpleasant to any of the senses) are specifically prohibited as either a planned or emergency procedure. Mechanical restraints (i.e., equipment used to limit a person's movement) are also prohibited (with exceptions noted in the Guidelines). Locked seclusion (confinement in a locked room) is prohibited. "Chemical Restraint", i.e., "the use of a psychopharmacological drug as a restraint to control behaviour or restrict freedom of movement that is not a standard treatment for the person's medical or psychiatric condition" is prohibited. PRN Medication Use to treat specific medical or psychiatric conditions is supported by appropriate physician's prescription. Other prohibited procedures are outlined in the *Support Approach Guidelines*.

The term 'qualified person' is defined in the Support Approach Guidelines.

- References:** ACCREDITATION Standards (ACDS & COA)  
Guidelines for Incident Reporting  
Support Approach Guidelines  
Profile Development Process  
Client Rights Policy 1000