

CLIENT RIGHTS - BEHAVIOUR MANAGEMENT

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INTENT

Sunshine Coast Community Services Society strives to uphold the integrity and safety of clients and therefore utilizes the least intrusive, least restrictive alternatives in managing behaviour. Any approach to deal with harmful or potentially harmful behaviour will be consistent with the Society's philosophy of respect, dignity and empowerment of the individual.

POLICY

Physical Redirection versus Physical Restraint

SCCSS uses only physical redirection and only in emergency situations. If a child or youth is presenting an immediate risk to their own or another child or youth's health & safety, and the staff needs to respond in the moment to ensure safety, a child or youth may be physically redirected from harmful actions such as running into the street, jumping from a high surface, using an implement to harm self or others or eating or drinking a harmful substance. These are the only instances where physical interventions are warranted and necessary and only to the level and duration to ensure safety.

Under no circumstances will restraint or seclusion be used within the SCCSS programs.

CARF defines restraint as "the use of physical or mechanical means to temporarily limit a person's freedom of movement; chemical restraint is the involuntary administration of medication, in immediate response to a dangerous behaviour, to temporarily subdue a child/youth or manage their behaviour. Restraints used as an assistive device for children/youths with physical or medical needs are not considered restraints for the purposes of this section. Briefly holding a child/youth served, without undue force, for the purpose of comforting him or her or to prevent self-injurious behaviour, or holding a person's hand or arm to safely guide him or her from one area to another is not a restraint. Separating individuals threatening to harm one another, without implementing restraints, is not considered restraint." Pg. 138, Section F, CARF 2013 Child and Youth Standards.

PROCEDURE

1. The Society provides orientation and training to staff in the use of positive interventions and non-violent crisis interventions as required by programs.
2. Behaviour management procedures are program specific and outlined in the program operating manuals.
3. Behaviour management and guidance methods implemented by staff will ensure that:
 - a) The client's fundamental rights are protected and that the client and/or family/caregiver participates in the development of his/her individualized behaviour management plan;
 - b) Written, individualized plans will be developed for persons who engage in a pattern of behaviour that is potentially harmful or threatening to themselves or others.

- c) When necessary, behaviour plans will include the involvement of the client’s team and if necessary a behaviour consultant or specialist.
- d) Written consent will be obtained from the client and/or family/caregiver where such plans are established.
- e) In situations where there is refusal to consent to behaviour management plans, the program manager will consult the management team to determine an appropriate response to service delivery. Should any decisions be appealed by the client/family/caregiver, the client/family/caregiver will be directed to follow the procedures outlined in the agency Administration and Governance policy on Conflict Resolution.
- f) The results of interventions are documented and evaluated.
- g) Restrictions on client rights are reversed as soon as possible.
- h) Any incidents involving aggression, violence, threats of violence, and physical redirection are to be reported using a critical incident form as per Health and Safety policy and procedures.

DEFINITION

“Least restrictive alternative”: refers to strategies and interventions which curtail personal freedom to the least extent possible. (Van Biervliet and Sheldon-Wildgren, 1981).

EFFECTIVE: Dec. 1, 2015	APPROVED BY: Executive Director	
REPLACES: April 1, 2014	MONITORING: Management Team	FREQUENCY: Annually