SASH INDIVIDUAL RIGHTS PRACTICE & PROCEDURE MANUAL

Revised April 2023

This document was originally prepared with the assistance of Rafael Rebolone, Reg. Psych. It is an adaptation of an original document developed by Rafael Rebolone, Reg. Psych.

I. INTRODUCTION

PHILOSOPHY

SASH bases its philosophy on the respect of the fundamental human rights of the individuals it serves, as they have been established in legislation such as the Mental Health Act, the Individual Rights Protection Act, the Dependent Adult Act, the Child Welfare Act, the Canadian Charters of Rights and the Protection of Person in Care Act.

SASH believes in the principles of normalization and that every individual has the right to dignity, respect, opportunity to learn, and active involvement in their community.

The following sections describe the mandate, guiding principles and operations of the SASH Individual Rights Committee, which in this document will be known as the Committee.

II. INDIVIDUAL RIGHTS

SASH is committed to protecting the rights of individuals receiving assistance from SASH. It is expected that all employees respect the rights, dignity and worth of all persons supported by SASH through their adherence to existing legislation and the Agency's policies and procedures. **This individual rights and responsibilities written Statement will be reviewed as part of the Individual Rights Practice and Procedure Manual revision process.**

The following are minimum individual rights and responsibilities recognized by SASH:

a. The right to be treated equally; and the responsibility to treat others with equality, to consider others when we make choices, and to respect the choices they make.
b. The right to have individuality respected; and the responsibility to treat others with respect and dignity.
c. The right to have choice of food, shelter, and clothing; and the responsibility to consider others when they make choices and respect the choices they make.
d. The right to have freedom of liberty, choice, communications, association, safety and security; and the responsibility to allow others the same.
e. The right to have access to legal representation and the responsibility to allow others to receive legal representation.
f. The right to privacy; and the responsibility to allow others their privacy.
g. The right to vote and hold licenses and the responsibility to respect others in doing the same.
h. The right to hold office and the responsibility to allow other to do the same.
i. The right to give or withhold consent to services and to allow others to do the same.
j. The right to freedom of thought, belief, opinion and expression; and the responsibility to allow others to experience this as well.
k. The right to access all generic services and the responsibility to allow others the right to access services that they choose to participate in.

l. The right to gain meaningful activity consistent with the individual's skills and abilities, aspiration and choice and the responsibility to allow others to participate in ways they choose.
m. The right to have tangible and intangible benefits which result from the individual's chosen activity and the responsibility to allow others to so the same.
n. The right to have and raise children and the responsibility to allow others to do the same.
o. The right to marry/cohabitate and the responsibility to allow others to do the same.
p. The right to have available and receive advocacy support and the responsibility to allow others to experience this as well.
q. The right to have access to information systems and the responsibility to allow others to do the same.
r. The right to receive services from a qualified service provider and the responsibility to allow others to receive the supports they desire.
s. The right to be heard and the responsibility to allow others to be heard.
t. The right to be supported in the practice of personal belief and the responsibility to allow others to worship in their way.
u. The right to direct/participate in planning and goal setting relative to his/her life and the responsibility to allow others to do the same.
v. The right to consistency and equity in services and supports and the responsibility to allow others to have the same.
w. The right to own and enjoy personal property and personal belongings and the responsibility to allow others to the same.
x. The right to plan for the future for family, funeral finances, retirement, health and leisure and the responsibility to allow others to do the same.
y. The right to positive/least restrictive methods of intervention and the responsibility to allow others the same.

SASH believes that with these rights comes responsibilities. As indicated, all individuals have the responsibility to treat others in a respectful manner, to be responsible ourselves, and to not do anything to take away the rights of others.

III. POSITIVE PROCEDURES

SASH is committed to the use of positive procedures alone as the option of choice when addressing behaviours of concern. It is policy that positive procedures must be used first in all behavioural interventions to address behaviours of concern, whether such interventions are developed to increase appropriate behaviour or to decrease inappropriate behaviour. Alternatives to positive interventions could only be considered in emergency situations or if documented information (incident reports, contact notes, staff reports, data collection, etc.) shows that the positive procedures alone are ineffective in meeting the behaviour support needs of an individual.

SASH believes that a person's opportunity to overcome their behaviours of concern is most enhanced in a positive and constructive environment where their rights and dignity are protected.

In a general sense, positive procedures are broader than techniques like role playing, modelling, positive reinforcement, etc. They include preventative approaches that are based on outcomes and lifestyle changes that must be meaningful to the individual and to the people supporting them. Such positive procedures are very much related to the needs of the person and may consist, for example, in problem solving exercises to identify issues and solutions, teaching alternative skills to address the problems impacting on the individual, teaching socially acceptable ways of communicating needs when they use aggression as a communicative function, making environmental changes, identifying, and controlling the antecedents to the behaviours of concern, etc. In other words, positive procedures include physical and social environment modifications and teaching skills to replace behaviours of concern and, as necessary, antecedent-based strategies. Specific procedures are based on the needs, circumstances and functions of the behaviour for the individual.

SASH's "Planned Positive Procedure" outline illustrates what in our view must be part of a planned positive approach.

It is recognized that many of the behaviours of concern are functional and communicative in nature, but they may also be hazardous ways of controlling the environment or be in violation of the rights of other people. In these cases, the primary focus of a positive procedure should be to teach more appropriate behaviours which would replace the behavioural issues affecting the individual, others or property.

SASH believes that knowing the individuals and the conditions that motivate their behaviour offers the best opportunity to develop positive interventions to deal effectively and ethically with behavioural issues. Consequence-based approaches and procedures could be considered as possible strategies only if proactive, positive methods have proven to be ineffective, and then non-restrictive consequences should be tried first prior to using any form of restrictive procedures.

Documentation showing the failure of positive procedures alone must be completed. Such documentation may include incident reports, data sheets, staff contact notes, verbal reports, etc.

It must be agreed by the individual's support team, **in consultation with a qualified Psychologist/Physician that the plan addressing the behaviour of concern requires the introduction of restrictive components** in combination with the positive procedures already in place, keeping in mind that such procedures should be the least restrictive alternative expected to be effective. The positive strategy should continue being used alongside the restriction in this process, but it eventually should replace the restrictions as the behaviour of concern improves.

Procedure for Implementation of a Planned Positive Procedure (PPP)

Staff will be trained on the Planned Positive Procedure (PPP) by their Coordinator in conjunction with the Behavioral Specialist. The Coordinator is ultimately responsible to ensure that the staff are thoroughly trained and understand the implementation of all program plans. Training could be done through various mechanisms (i.e. role playing, meetings, etc.). Staff implementation of the PPP will be monitored through direct observations of the person and data collected through input forms, logs, data sheets, etc.

Staff initially performs a basic functional assessment on the behaviour of concern. This initial assessment is developed in consultation with a coordinator or designated qualified person from SASH**.**
If the qualified person determines that support from a qualified professional is needed, staff will ensure a referral is made to this service with guardian consent, so that consultation can be obtained. For example, a physician would be consulted for anything involving psychotropic medications and for the supervision of individuals who require more complex behavioral procedures. The qualified person who prepares and develops a Planned Positive Procedure (PPP) will not be involved in approving the intervention.

Informed written consent to implement the PPP is obtained from the individual and/or their guardian prior to implementation of the plan.

Data collected will be reviewed at team meetings and monthly staff meetings. Updates regarding the behaviours of concern will be scheduled as often as necessary and the guardian will be kept informed of progress through regular reviews.

If the termination criterion is met, the PPP will be discontinued.

If data shows that the behaviour has not improved within the set timeframes, the support team may consider the possibility of introducing restrictive procedures along with the PPP already in place. (See Plan Outlines provided on pages 4 & 5)

A Planned Positive Procedure must include the following information:

- Description of the behaviour of concern
- **Summary of Risk Assessment**
- Basic functional assessment
- Description of the positive procedure
- Staff training requirements to implement the PPP
- Monitoring and evaluation of effectiveness
- Fade out plan and termination criteria
- Guardian signature indicating **informed** consent to implement

PLANNED POSITIVE PROCEDURE (PPP) (TEMPLATE)

NAME OF PPP

INDIVIDUAL NAME: _____
DATE PLAN ORIGINALLY CREATED:_____
DATE PLAN REVISED:_____

BACKGROUND

- Who is this person?
- Personal goals
- Factors interfering with the achievement of personal goals

PREPARATION

- Basic functional behaviour assessment/environmental analysis
- **Summary of Risk Assessment**
- Behaviour support goals (short and long-term)
- Special considerations (monitoring, evaluation plan, proposed implementation timeframe)

PROCEDURE

- Prevention (lifestyle, environmental and attitude change, etc which are meaningful to the individual, medical/psychiatric referral if needed)
- Skill development strategies (description of procedures to teach new skills which should replace the behaviour of concern)
- Strategies to minimize occurrence of behaviour interfering with the achievement of personal goals
- Emergency plan – if needed
- Employee training requirements

SIGNATURES

Plan Prepared by: _____ Date:_____
Agency qualified Person i.e. (behavioral specialist)

Reviewed by (if required)_____ Date:_____
Qualified Professional i.e. Psychologist/Physician

Reviewed and Approved by:_____ Date:_____
SASH Program Coordinator

Reviewed and Approved by:_____ Date:_____
SASH Individual Rights Committee

Consent to Implement _____ and/or _____
Individual Guardian

Consent from: _____ to _____
(dd/mm/yyyy) (dd/mm/yyyy)

PLANNED RESTRICTIVE PROCEDURE (PRP) (TEMPLATE)

NAME OF PRP

INDIVIDUAL NAME: _____
DATE PLAN ORIGINALLY CREATED:_____
DATE PLAN REVISED:_____

BACKGROUND

- Who is this person?
- Personal goals
- Factors interfering with the achievement of personal goals

PREPARATION

- Full functional behaviour assessment/environmental analysis
- **Summary of Risk Assessment**
- Behaviour support goals (short-term and long-term)
- Special considerations (including monitoring, evaluation plan, proposed implementation timeframe)

PROCEDURE

- Prevention (lifestyle, environmental and attitude change, etc. which are meaningful to the individual, medical/psychiatric referral if needed)
- Skill development strategies (description of procedures to teach new skills which should replace the behaviour of concern)
- Strategies to minimize occurrence of behaviour interfering with the achievement of personal goals
- Emergency plan, if needed
- Fading out process/termination criteria of restrictive procedures
- Employee training requirements

SIGNATURES

Plan Prepared by: _____ Date:_____
Agency qualified Person i.e. (behavioral specialist)

Reviewed by (if required)_____ Date:_____
Qualified Professional i.e. Psychologist/Physician

Reviewed and Approved by:_____ Date:_____
SASH Program Coordinator

Reviewed and Approved by:_____ Date:_____
SASH Individual Rights Committee

Consent to Implement _____ and/or _____
Individual Guardian

Consent from: _____ to _____
(dd/mm/yyyy) (dd/mm/yyyy)

P.R.N. PROTPCOL (TEMPLATE)

NAME OF P.R.N. Protocol

INDIVIDUAL NAME: _____
DATE PLAN ORIGINALLY CREATED:_____
DATE PLAN REVISED:_____

Medication:
Dose:
Tabs:

Background Information

Note: Before any PRN medication can be given, a supervisor must be called and permission given to administer the PRN. PRN medication to be administered by staff on duty.

A. Entry Criterion

The purpose behind the PRN medication is to help ……
Positive approaches that should be used regularly to assist _____ in minimizing _____ behavior include:

B. PRN Medication Administration procedures

C. Procedural Criterion

If the PRN medication has been administered and is found not effective in helping _____stop _____ behavior:

- **Staff will…**

D. Documentation

Staff will maintain a PRN Log and will provide a copy to _____ Psychiatrist upon each visit for review. Feedback will be provided to Dr. Dr. and Guardian will be contacted immediately if any concerns arise regarding _____ response to PRN.

E. Exit Criterion

The PRN medication will be used on an on-going basis as determined by the Psychiatrist, It will be discontinued when the Psychiatrist, in consultation with the Guardian, recommend discontinuation.

SIGNATURES

Plan Prepared by: _____ Date:_____
Agency qualified Person i.e. (behavioral specialist)

Reviewed by (if required)_____ Date:_____
Qualified Professional i.e. Psychologist/Physician

Reviewed and Approved by:_____ Date:_____
SASH Program Coordinator

Reviewed and Approved by:_____ Date:_____
SASH Individual Rights Committee

Consent to Implement _____ and/or _____
Individual Guardian

Consent from: _____ to _____
(dd/mm/yyyy) (dd/mm/yyyy)

ASSISTIVE TECHNOLOGY/ENVIRONMENTAL INTERVENTION (TEMPLATE)

Name of Assistive Technology/ Environmental Intervention Plan

INDIVIDUAL NAME: _____
DATE PLAN ORIGINALLY CREATED:_____
DATE PLAN REVISED:_____

Assistive Technology Device Prescribed and/or authorized.	**Area(s) of Difficulty/ Intent: (What in the Environment is needed to assist the clients in gaining independence or inclusion in their community)**	**Guidelines of Use: (What are step of use/ guidelines and training)**	**Additional Supports, Assessments Maintenance and /or Replacement (What do we need to do to maintain and /or replace the equipment or device)**
AT/EI:			
AT/EI:			

SIGNATURES

Plan Prepared by: _____ Date:_____
Agency qualified Person i.e. (behavioral specialist)

Reviewed by (if required)_____ Date:_____
Qualified Professional i.e. Psychologist/Physician

Reviewed and Approved by:_____ Date:_____
SASH Program Coordinator

Reviewed and Approved by:_____ Date:_____
SASH Individual Rights Committee

Consent to Implement _____ and/or _____
Individual Guardian

Consent from: _____ to _____
(dd/mm/yyyy) (dd/mm/yyyy)

HARM REDUCTION PLAN (TEMPLATE)

NAME OF HARM REDUCTION PLAN

INDIVIDUAL NAME: _____
DATE PLAN ORIGINALLY CREATED:_____
DATE PLAN REVISED:_____

BACKGROUND INFORMATION

RATIONALE

CONCERNS

PLAN
Individual will:

Staff will:

Supervisor will:

SIGNATURES

Plan Prepared by: _____ Date:_____
(I.E. behavioral specialist)

Reviewed by (if required)_____ Date:_____
Qualified Professional i.e. Psychologist/Physician

Reviewed and Approved by:_____ Date:_____
Sash Supervisor

Reviewed and Approved by:_____ Date:_____
Sash Coordinator

Consent to Implement _____ and/or _____
Individual Guardian

Consent from: _____ to _____
(dd/mm/yyyy) (dd/mm/yyyy)

IV. RESTRICTIVE PROCEDURES

Definition

A restrictive procedure is an act that infringes upon rights, freedoms, choices and self-determination of an individual. It is a response to situations or behaviours 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 the individual.

Medication could be considered restrictive when it is used to address behaviour of concern but is not required to treat a medical or psychiatric diagnosis.

Restrictive procedures may be used in the following situations:

a. Anticipated Behaviour or Situation of Concern

Under the advice of a Qualified Professional i.e. (Psychologist and/or Physician/Behavioral Specialist) when they are part of a planned and documented behaviour support plan to which valid consent has been given by the individual and/or legal guardian and the behaviour support plan has previously been reviewed by the Committee.

- Behaviours of concern include behaviours of such intensity, frequency, or duration that the physical safety of the individual or others is likely to be placed in jeopardy, and/or the consequences of the behaviour are likely to seriously impact activities of daily living and/or quality of life.
- Situations of concern happens when an individual places himself or others at risk of immediate physical harm, engages in significantly socially unacceptable, illegal or socially risky behaviours that may limit his ability to safely participate in the community, and/or engages in actions that may cause significant property damage.

b. Unanticipated Behaviour of Concern or Unanticipated Situation of Concern

i. Crisis Intervention

As an emergency intervention for severe behaviours of concern when a restriction is necessary for the immediate protection of the individual, other persons, or property.

ii. Corrective Intervention

As a corrective intervention for minor behaviours of concern provided that the restrictive procedure used consists solely of a temporary suspension or withdrawal of a privilege that would otherwise be available to the individual and given that the benefit to the individual clearly outweighs the inconvenience of the procedure.

PROHIBITED RESTRICTIVE PROCEDURES

Restrictive procedures that cannot be used in any circumstances include corporal punishment, deprivation of clothing, adequate food and nutrition, shelter and required medication, time out as punishment, physical intervention as punishment; presentation of noxious substances, use of electric shock, and anything that causes pain.

ADDRESSING SITUATIONS AND/OR BEHAVIOURS OF CONCERN

When addressing Situations and/or Behaviours of Concern, SASH will follow the procedures outlined in the "Situation and/or Behaviours of Concern" Flowchart (Appendix B).

ADDRESSING ANTICIPATED BEHAVIOURS OF CONCERN

All forms of intervention that include restrictive procedures to deal with anticipated behaviours of concern must be consented to by the legal guardian and reviewed **and approved** by the Individual Rights Committee prior to their implementation.

Planned Restrictive Procedures (PRP)

The use of restrictive procedures must be based on a full functional assessment **(including a risk assessment)** of the individual's behaviour and a recommendation made by a **Qualified Person** that such an approach is the most appropriate, best practice, and least restrictive procedure. The restrictive procedure must be part of a planned and documented approach to which informed consent has been given by the individual and/or their legal guardian.
If the Qualified Person determines that support from a Qualified Professional i.e. Psychologist/Physician is needed, staff will ensure a referral is made to this service with guardian consent, so that consultation can be obtained. For example, a psychologist/physician would be consulted for anything involving psychotropic medications and for the supervision of individuals who require more complex behavioral procedures. The qualified person who prepares and develops a a Planned Restrictive Procedure (PRP) will not be involved in approving the intervention.

As a general principle, positive procedures shall be used in combination with restrictive procedures. The use of restrictive procedures can only be considered when it has been documented that positive procedures alone were ineffective.

Review of Support Plans including restrictions

All behaviour support plans that contain restrictive procedures must be reviewed by the Individual Rights Committee. The purpose of the review is to ensure that:

- The rights and welfare of the individual are protected or, if withheld, it is done for the best interests of the individual.
- Ethical and professional interventions are employed (best practices)
- A qualified person has been involved in the development of the intervention
- Staff members are supported in their efforts to provide quality service

- The qualified person who prepares and develops a Planned Restrictive Procedure (PRP) will not be involved in approving the intervention.

A Planned Restrictive Procedure (PRP) must include the following information:

- Written consent from the individual/legal guardian
- Documentation that positive procedures were tried unsuccessfully
- Goals of intervention are described
- Use of the least restrictive alternative
- Concurrent use of positive procedures to teach appropriate behaviours
- Plan to monitor the effectiveness of the intervention
- Plan to revise/discontinue the intervention if significant progress is not achieved within a predetermined period of time as stated in the plan
- Description of how the safety and comfort of the individual will be protected
- Termination criteria for the restrictions
- Participation of the individual in setting the goals and intervention methods as much as possible
- Staff training requirements and resources to implement the plan are identified

When approving a Behaviour Support Plan, the Committee will use the Individual Rights Committee Checklist (Appendix C) to ensure all requirements are satisfied.

Monitoring of Planned Restrictive Procedures (PRP)

Monitoring and review of program data shall be carried out by the SASH Coordinator and Behavioral Specialist on a monthly basis, and in conjunction with a qualified professional i.e. (Psychologist and/or Physician) as needed.

Continuum of restrictive procedures

The following are examples of restrictive procedures which may form part of the continuum intended to reduce or eliminate behaviours of concern:

a) Behaviour Limits

Telling a person what to do in a given situation.

b) Planned Ignoring

Not paying attention to the disruptive behaviour of an individual by not looking, talking to the individual or making comments about the behaviour.

c) Narrowing

The occurrence of the behaviour is limited or restricted to specific conditions such as a specific location or time.

d) Positive Practice

An individual is encouraged to display a socially acceptable behaviour that is opposite to the behaviour of concern.

e) Time Out

The use of time out is limited to assist a person to regain self-control in a safe and comforting environment. The individual must be a voluntary participant.

f) Physical Restraint

Physical Restraint is holding an individual or part of their body to assist them to regain self-control.

Process for the development and implementation of Planned Restrictive Procedures (PRP)

- **The Behavioral Specialist will complete a full functional behaviour assessment (including a risk assessment) in consultation with the Program Coordinator, and a Qualified Professional i.e. (Psychologist/Physician) as needed.**
- The plan reflects best practice
- Informed consent has been obtained
- There is a plan to review the restrictive procedure with the goal of reducing or eliminating the restrictions
- The plan includes positive procedures which would replace the restrictions as the individual's behaviour improves
- Staff training requirements are specified
- The goals of intervention are included
- The plan will be reviewed by the Individual Rights Committee prior to implementation
- The individual and/or guardian have been involved in the development process and consent to the plan prior to implementation

Staff will be trained on the Planned Restrictive Procedure (PRP) by their Coordinator in conjunction with the Behavioral Specialist. The Coordinator is ultimately responsible to ensure that the staff are thoroughly trained and understand the implementation of all program plans. Training could be done through various mechanisms (i.e. role playing, meetings, etc.). The Coordinator or designate will ensure that employees have been trained in all plans and the employee will sign the plan acknowledgement form indicating that they have been trained on the specific plan. The form will then be filed in the employee file. Staff implementation of the (PRP) will be monitored through direct observations of the person and data collected through input forms, logs, data sheets, etc. The Behavioral Specialist creates a functional assessment on the behaviour of concern. This initial assessment is developed in consultation with a Coordinator.

Data collected will be reviewed and monitored by the Coordinator and Behavioral Specialist, on a monthly basis. Updates to staff regarding the behaviours of concern will be scheduled as often as necessary.

If the termination criteria are met, the restrictive procedure will be discontinued. Positive procedures may be continued as required.

If data shows the behaviour has not improved within set timeframes, the restrictive procedures will be reviewed and other alternatives explored in consultation with **a qualified professional i.e. Psychologist and/or Physician**).

DEALING WITH UNANTICIPATED BEHAVIOURS OF CONCERN

Staff must be aware of their own limits and available resources when dealing with unanticipated physically aggressive behaviour. All possible alternatives to physical intervention are to be considered first before using physical approaches. **Any form of physical intervention is used only as the last resort.**

Unanticipated situations or behaviours of concern may require staff to immediately use a restrictive approach to protect the individual or others from harm. Some examples include situations of high anxiety resulting in agitation or disruptive behaviour, a medical procedure in emergency situations, or stepping in front of a vehicle, etc.

Crisis Intervention

A crisis intervention or response may be necessary when an individual exhibits an unsafe behaviour that could not be predicted, and that requires immediate intervention for the protection of the individual, others, or property. At those times staff are to use the least restrictive procedure necessary to assist the individual to regain self-control.

Possible intervention options which may be used include the following:

a) Communication with the individual, for example, empathetic discussion, humour, etc.
b) Diverting the individual's attention to another activity
c) Strong verbal directives
d) Vacating the area
e) Phoning other people for assistance
f) SIVA training
g) Call 9-1-1

The responsibilities of the Coordinator in case of a crisis intervention are:

a) To ensure that the use of crisis restrictive intervention was necessary
b) To ensure that the intervention method was implemented according to the least restrictive option

c) To ensure that the incident was precisely documented in a SASH incident report

d) To ensure that arrangements are made for immediate review of the situation and possible referral to other professionals i.e. psychiatrist, doctor, etc.

e) To take steps for the prevention of future occurrence of the behaviour of concern

f) To ensure a Planned Positive Procedure/Planned Restrictive Procedure is developed if the behaviour of concern is likely to reoccur

Any staff person who implements restrictive procedures during a behavioural crisis should have adequate knowledge in the following areas:

a) Non-Violent Crisis Prevention and Intervention training and minimally the primary staff involved holds a valid CPI or SIVA certificate

b) SASH policies on Crisis Intervention and the use of Restrictive Procedures

c) Positive alternatives to restrictive procedures

Corrective Intervention

Procedures falling in this category could be used to assist an individual displaying unanticipated behaviour of concern that does not meet the criteria of a crisis, but that requires prompt staff intervention to prevent or minimize the possibility of injuries, destruction of property, or the violation of other people's rights.

Staff using corrective interventions should be familiar with the procedures identified as **prohibited**, which should never be used regardless of the nature of the behaviour of concern being addressed.

A basic functional assessment of the behaviour of concern must be done and the intervention documented. A Planned Positive Procedure or Planned Restrictive Procedure should be developed if suspected that such behaviour will likely reoccur.

Corrective Procedures that **do not** require review by the Committee

The following procedures do not require an intervention plan, or review by the Committee when they are used to deal with isolated behaviour incidents and given that the rights of everyone involved are protected. Staff using these procedures must ensure that the individual's safety and comfort are addressed at all times.

a) Hand-over-Hand
- To assist an individual with a task he/she cannot do independently because of a physical disability, or to assist an individual to learn a new task. This requires full co-operation by the individual.

b) Raised voice

- To communicate danger or need for caution, to communicate with someone who is hard of hearing, to be heard over environmental noise.

c) Correction or Restitution
- To clean up a place in disarray created by the individual's behaviour, to return objects borrowed or taken, to pay for something taken without permission, broken or wasted.

d) Social Disapproval
- Expression of disapproval by frowning, shaking of head, verbalizations, etc. These may only be used if administered quietly and in a way that shows disapproval of the behaviour rather than of the person.

e) Physical Escort
- Used to assist an individual moving across a street, through a crowded or unfamiliar environment etc.

f) Physical Hold
- Holding a part of the individual's body to ensure safety of the individual.

g) Relocation
- To request an individual to leave an area and to return when calm given that the individual is causing disruption to other people. The relocation to another place needs to be voluntary.

h) Counselling
- Providing feedback on an individual's behaviour and a description of alternative socially acceptable behaviour. This approach may be used with individuals exhibiting inappropriate behaviours only if the following precautions are taken;

i. Must address the behaviour and not the person
ii. Must be followed by instruction regarding expected or desired behaviour
iii. Must be delivered politely, privately, and in a non-judgemental tone

ASSISTIVE TECHNOLOGY/ENVIRONMENTAL INTERVENTIONS

Some people supported by SASH require or may require the use of special equipment and or procedures for their health, safety, or independence; for example, wheelchairs, transfer belts, helmets, mouth guards, physio procedures, medical care, tube feed procedures, range of motion procedures, assisted walking, etc. **SASH is committed to investigating and using AT and/or EI's where their uses will help promote and improve the individuals' independence and inclusion within their community**. **The use of such devices and or procedures must be assessed, prescribed and authorized, by a qualified professional such as a physician, occupational therapist, physiotherapist, registered or licensed nurse etc. SASH will request from these professionals, written guidelines describing the intent, usage, maintenance and/or replacement of the AT and /or EI device /physio/health care**

procedures and have the approval of the individual and/or their guardian. Supervisory employees of SASH will ensure that employees who assist individuals with these AT /EI's/physio/health care procedures are trained and instructed in the techniques for using any AT and/or EI's/physio/health care procedures that are in place and on how to support the individuals in their use. Initial training for these intervention practices will be provided for SASH supervisors, Practitioner/key workers, front line staff, and contractors by the qualified professional. Ongoing training will be provided to new employees and contractors by a trained SASH employee who is the most familiar with the procedures and as approved by the Coordinator and qualified professional.
The qualified professional will determine the need for regular assessments and evaluations of current interventions and will complete them as outlined in the AT/EI intervention plan. If additional employee/contractor training needs are identified, they will be performed by the qualified professional. Home/Health care procedures requiring an assessment and training for employees will be performed initially by the home/health care professional. Employees will adhere to written training instructions by the professional. Any changes to these instructions will be made by the qualified professional as needed. Employees will be trained by the qualified professional on any new procedures. The Coordinator or designate will ensure that employees have been trained in all plans and the employee will sign the plan acknowledgement form indicating that they have been trained on the specific plan. The form will then be filed in the employee file.

SASH is committed to reasonably alter the physical environment to facilitate the independence, comfort, and safety of the individuals supported by SASH.

The use of assistive technology/**environmental interventions/safety devices** will only be reviewed by the SASH Individual Right's Committee in instances when the rights of the individual are compromised, i.e., whenever the individual has no control over the use of the device/procedure or the environmental intervention.

Environmental interventions are installed equipment such as grab bars, ramps, lifts, interior or exterior modifications to a building that increase the functional capabilities of individuals with disabilities.

PSYCHOTROPIC MEDICATION AS A RESTRICTIVE PROCEDURE

SASH recognizes that the use of medication to address behaviours of concern may constitute a restrictive procedure if used to control behaviour of concern, in the absence of a psychiatric diagnosis. In these cases the Alberta Council of Disability Services (ACDS) Guidelines for the Use of Medications that Influence Behaviour must be adhered to (Appendix A).

The role of the Committee regarding the use of psychotropic medication as restrictive procedures is to:

1. Support the prescriber in having access to the best information available to make decisions.
2. Ensure that SASH is getting the necessary information from the

Prescriber to write a PRN Procedure/Protocol, that is consented to by the legal guardian.

3. Ensure that the individual is receiving medication that meets his/her needs
4. Approve the use of psychotropic medication prescribed by a doctor when the administration of the medication is based on a staff judgment.

Tasks of the Committee in the review process:

1. Ensure that informed written consent has been obtained
2. Monitor the effects of all treatments, including positive procedures, restrictive procedure and use of psychotropic medication
3. Track index behaviour (observable behaviour that should improve as a result of the psychotropic medication or other interventions)
4. Ensure that positive behavioural procedures are still being used and track progress in this area

The Committee does not authorize medication use or make decisions regarding prescriptions. Authorizing remains the responsibility and right of the individual and/or legal guardian.

V. LEGAL IMPLICATIONS WHEN USING RESTRICTIVE PROCEDURES

Any staff person using restrictive procedures unnecessarily or in bad faith may be liable to civil suit for assault, battery, false imprisonment or trespass, and possibly criminal prosecution for assault or other crimes. A staff person failing in their duty to protect an individual from harming himself/herself or others when harm is immediately imminent may be liable for civil or criminal negligence.

Thus, any person caring for an individual is subject to:

a) The rights, duties, obligations and liabilities imposed by the law on all persons, and,

b) The higher standards of care and extra responsibility that the law imposes upon those who have or are expected to have a relatively higher degree of skill.

VI. OPERATION OF THE INDIVIDUAL RIGHTS COMMITTEE

MANDATE

The Committee has the primary responsibility to deal with the ethics related to the use of restrictive procedures and with other situations involving the protection of individual's rights. The Committee makes recommendations to the Executive Director of SASH.

FUNCTIONS OF THE COMMITTEE

The functions of the Committee include:

a) To advise SASH on matters related to the protection of rights of the individuals when restrictive interventions are proposed or used

b) To be a consulting body in reference to individual rights.

c) **To regularly review all aspects of the SASH Individual Rights Manual and provide feedback to ensure that the manual contains all necessary information and meets required standards regarding individual rights and responsibilities.**

MEMBERSHIP

The Committee will be comprised of the following members:

a) SASH's Executive Director or designate (chairperson of the committee)
b) SASH Coordinator/Qualified Employee (Minute taker of the Committee)
c) SASH's Board Member
d) SASH's staff member
e) Guardian/Parent
f) External Member from the community at large
g) Medical person/pharmacist
h) Individual with a Developmental Disability

GUESTS

Guests may be invited as required. They could include but are not limited to:

a) Individual (and/or their legal guardian) whose behaviour support plan is being reviewed
b) Key Community Supports worker
c) Home Living support worker
d) Other staff, family or advocates invited by the individual and/or guardian

ALTERNATES

The alternates for the Committee shall be:

a) Designate for the Executive Director
b) Board of Directors member for Board of Directors member
d) A representative from the community at large for the representative of the community at large
e) Parent for parent
f) Medical person for medical person
g) Law enforcer for law enforcer
h) Individual with a developmental disability for an individual with a

Developmental disability

QUORUM

Quorum of the Committee shall be half plus one of permanent members. No motions can be passed without a quorum established at the committee meeting.

MEETINGS

The Committee will meet quarterly or as needed.

AUTHORITY/COMMUNICATION

The communication protocol of the Committee shall be:

Board of Directors
↕
Executive Director (Chairperson)
↕
Committee

ADMINISTRATION

a) The Chairperson of the Committee is responsible for establishing the agenda prior to each meeting.

b) Meeting will be called at the discretion of the Chairperson, any other member may request in written form, a meeting through the Chairperson.

c) Minutes will be recorded by a designated member of the Committee. The Chairperson will have them typed and circulated among the membership.

d) It will be the responsibility of the Chairperson to ensure that confidentiality forms are signed by the Committee members, updated and filed.

ACCESS TO THE COMMITTEE

The Committee can be accessed through the Chairperson (Executive Director of SASH).

APPEAL ROUTE

To appeal a recommendation made by the committee, the person making the appeal must submit their request in writing to the Committee Chairperson. The Chairperson will call a

meeting of the Committee within two weeks following the appeal request. The Committee will revisit their recommendation and submit their recommendation to the person who requested the appeal and to the Executive Director.

Any further concern regarding a matter that has been appealed will be directed to the SASH Board of Directors for a final decision.

SASH Board of Directors
↑
Executive Director
↑
Chairperson of the Committee
↑
Person Making Appeal

Appendix B

SITUATIONS OR BEHAVIOURS OF CONCERN

Note: Definitions for:

- Informed Consent
- Planned positive procedure
- Positive approach
- Qualified person
- Restrictive procedure
- Support person
- Are found in Appendix *Glossary*

ACDS would like to acknowledge the contributions of Resourceful Futures Community Supports Ltd. in the development of this chart and these definitions.

PHASE ONE
Positive Approach to Unanticipated Situations and/or Behaviours of Concern

1. Support person must respond to situations and/or behaviours of concern
2. Support person must document incident (with timelines)
3. The incident is reviewed and followed up with all parties involved (Follow up includes timelines, decisions made, strategy)
4. Likely to recur

Not Likely to Recur

No formalized

PHASE TWO
Planned Positive Procedure (PPP)

1. Using a basic function assessment, the initial PPP is developed in consultation with a qualified person
2. Informed consent is obtained
3. Staff are trained on PPP
4. PPP is monitored and evaluated
5a. Evaluate and review PPP termination (if applicable) to see if criteria are met. If so, goal is achieved
5b PPP termination criteria are not met. PPP revision is required in conulstation with a
5c. PPP criteria requires the support of a

Phase Three
Planned Positive Procedure that incorporates Restrictive Procedures (PPP &RP)

1. A risk assessment is done to identify issues
2. A functional Assessment is completed
3. A PPP & RP are developed and/or revised in consultation with a qualified person
4. A multi-disciplinary committee reviews and approves PP & RP
5. Informed consent is obtained
6. Staff are trained on PPP & RP
7. PPP & RP are monitored and evaluated
8a. Evaluate and review PPP (if applicable) & RP to see if termination are met. If so, goal is achieved.
8b. RP termination criteria are met but the PPP termination criteria are not met
8c RP termination criteria are not met. PPP & RP revision is required in consultation with a qualified person.

Appendix C

INDIVIDUAL RIGHTS COMMITTEE CHECKLIST

INDIVIDUAL:_____

DATE:_____

COMMITTEE MEMBERS PRESENT:_____

_____

A. PRESENTATION TO COMMITTEE	**Yes**	**No**	**Comments**
1. Behaviour of concern clarified			
2. Documentation presented			
3. Baseline information submitted			
4. Least restrictive option proposed			
B. REVIEW PROCESS			
1. Rights/welfare of the individual are protected			
2. Ethical/professional intervention is proposed			
3. Qualified person is involved			
C. SUPPORT PROGRAM PLAN REQUIREMENTS			
1. Written consent for plan implementation obtained			
2. Functional assessment completed			
3. Documentation of tried positive approaches exists			
4. Intervention goals are described			

5. Least restrictive alternative is used			
6. Positive procedures are included			
7. Plan for restrictive procedures to be phased out/discontinued included			
8. Plan to monitor Plan effectiveness included			
9. Safety/comfort of the individual is protected			
10. Individual/guardian participated in the process			
11. Best interests of the individual are protected			
12. Staff training requirements are identified			

APPROVAL BY COMMITTEE

Approved by: _____ _____
Committee Member (Please Print) Signature

Date: _____

Approved by: _____ _____
Committee Member (Please Print) Signature

Date: _____

Approved by: _____ _____
Committee Member (Please Print) Signature

Date: _____

Approved by: _____ _____
Committee Member (Please Print) Signature

Date: _____

Approved by: _____ _____
Committee Member (Please Print) Signature

Date: _____

Approved by: _____ _____
Committee Member (Please Print) Signature

Date: _____

Approved by: _____ _____
Committee Member (Please Print) Signature

Date: _____

Support Plan Acknowledgement Form

I, _____ acknowledge that I have been trained on the following
(STAFF NAME)

plans (PPP, PRP, PRN, AT/EI, Harm Reduction, etc.) for _____.
(INDIVIDUAL'S NAME)

NAME OF PLAN	TYPE OF PLAN (PPP, PRP, PRN, AT/EI, Harm Reduction, et.)

_____, _____

Employee Name (Print) Employee Signature

_____, _____

Supervisor Name (Print) Supervisor Signature

Date:_____

Policy Acknowledgement Form

I acknowledge that I attended the Outreach team meeting on April 15, 2023 and have reviewed the following policies. By signing this form I am agreeing to follow the policies as outlined.

- Policy #3.2.1/2.3.1 – Individual Rights and Responsibilities
- Policy #3.2.2 – Code of Ethics/Employee Conduct

_____, _____

Employee Name (Print) Employee Signature

_____, _____

Supervisor Name (Print) Supervisor Signature

Date:_____