



Division Directive Number
4.300
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Revised:

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Title: Behavioral Support Requirements - Restrictive Interventions, Restraint, and Seclusion Time-Out

Applies to: Division of Developmental Disabilities Contracted Provider Agencies

Purpose: Prescribes policy on the use based practices for behavior analysis services and establishing boundaries for of physical and chemical restraints, seclusion time-out, and other reactive strategies in order to promote use of least restrictive strategies and positive approaches rather aversive approaches to establishing independence and community skills and decreasing challenging behaviors.

Definitions:

Behavior Support Plan: A part of the Individual Support Plan (ISP) that is comprised of behavior analytic procedures developed to systematically address behaviors to be reduced or eliminated and behaviors and skills to be learned.

Blocking: A staff person using a part of their body to prevent an individual from inflicting or incurring harm when an individual is attempting to hit, kick, or otherwise harm the staff or another person. Use of pads, cushions or pillows to soften or prevent impact to the individual or others is also considered blocking. Blocking does not involve grasping or holding any part of the individual's body.

Chemical Restraint: As defined in Section 630.005, RSMo, are medications (prescribed or over the counter) administered with the primary intent of restraining a patient who presents a likelihood of serious physical injury to himself or others, not prescribed to treat a person's medical condition.

Due Process: A process in which individuals are involved and have the opportunity to voice any concerns if their rights are limited or restricted for therapeutic purposes. If they disagree, they have access to external advocacy. Any limitations or restrictions must have a specific plan as to how the individual's rights may be restored.

Due Process Review Committee: A committee that is operated by the Division of DD or operated by a contracted provider approved by the Division. These committees review situations where individual's, receiving services from the DMH, rights are being limited or restricted to ensure that due process has occurred and that the individual's rights are being protected.

Individual Support Plan (ISP): A document resulting from a person-centered process directed by the individual served, with assistance as needed by a representative, in collaboration with an interdisciplinary team. It is intended to identify the strengths, capacities, preferences, needs, and desired outcomes of the person

served. The process may include other people freely chosen by the individual who are able to contribute to the process. The person-centered planning process enables and assists the individual to access a personalized mix of paid and non-paid services and supports that will assist the person to achieve personally defined outcomes and the training, supports, therapies, treatments, and/or other services that become part of the individual support plan.

Least Restrictive Procedure: A procedure that maximizes an individual’s freedom of movement, access to personal property, and/or ability to refuse while maintaining safety. The degree of restrictiveness is based on a comparison of the various possible procedures that would maintain safety for the individual in a given situation.

Licensed Behavioral Service Professional: Individual licensed in the State of Missouri under Sections 6 and 7 in 337.315 RSMo.

Manual Hold: Also called physical restraint and manual restraint –is any physical hold involving a restriction of an individual’s voluntary movement. Physically assisting someone who is unsteady, blocking to prevent injury, etc. is not considered a manual restraint hold.

Mechanical Restraints: any device, instrument or physical object used to confine or otherwise limit an individual’s freedom of movement, and that the person being restrained cannot easily remove. Locking a wheelchair, taking crutches, taking power mechanism from wheelchairs, special seat belts that cannot be removed by the individual, or other ways of restricting an individual’s mobility are considered mechanical restraints. Mechanical restraints are prohibited from use in home and community based settings. The following are not considered mechanical restraints:

1. Medical protective equipment prescribed as part of medical treatment for a medical issue;
2. Physical equipment or orthopedic appliances, surgical dressings or bandages, or supportive body bands or other restraints necessary for medical treatment, routine physical examinations, or medical tests;
3. Devices used to support functional body position or proper balance, or to prevent a person from falling out of bed or a wheelchair;
4. Typical equipment used for safety during transportation, such as seatbelts or wheelchair tie-downs;
5. Mechanical supports or supportive devices used in normative situations to achieve proper body position and balance.

Prohibited Procedures: The following interventions are prohibited by the Division of Developmental Disabilities and are considered at high risk for causing harm.

1. Any techniques that interfere with breathing or any strategy in which a pillow, blanket, or other item is used to cover the individual’s face;
2. Prone restraints (on stomach); restraints positioning the person on their back supine, or restraint against a wall or object;
3. Restraints which involve staff lying/sitting on top of a person;
4. Restraints that use the hyperextension of joints;
5. Any technique or modification of a technique which has not been approved by the Division, and/or for which the person implementing has not received Division-approved training;
6. Mechanical restraints are prohibited from use in Home and community based settings;
7. Any strategy that may exacerbate a known medical or physical condition, or endanger the individual’s life or is otherwise contraindicated for the individual by medical or professional evaluation;
8. Use of any reactive strategy or restrictive intervention on a “PRN” or “as required” basis. Identification of safe procedures for use during a crisis, in an individual’s safety crisis plan, is not considered approval for a restraint procedure on an as needed basis;

9. Seclusion -Placement of a person alone in a locked or secured room or area which the person cannot leave at will, can only be utilized as part of an approved Behavior support plan. The use of seclusion time-out requires ongoing services from a Licensed Behavioral Service Provider and prior review and approval by the Regional Behavior Support Review Committee.
10. Standing orders for use of restraint procedures – unless part of a comprehensive safety crisis plan that delineates prevention, de-escalation and least restrictive procedures to attempt prior to use of restraint;
11. Any procedure used as punishment, for staff convenience, or as a substitute for engagement, active treatment or behavior support services;
12. Use of law enforcement or emergency departments cannot be incorporated into individual support plans or behavior support plans as “PRN” procedures or as contingencies to eliminate or reduce problem behaviors;
13. Reactive strategy techniques administered by other individuals who are being supported by the agency;
14. Corporal punishment or use of aversive conditioning– Applying painful stimuli as a penalty for certain behavior, or as a behavior modification technique;
15. Overcorrection strategies – Requiring the performance of repetitive behavior as a consequence of undesirable behavior designed to produce a reduction of the frequency of the behavior.
16. Placing persons in totally enclosed cribs or barred enclosures other than cribs;
17. Any treatment, procedure, technique or process prohibited by federal or state statute.

Qualified Personnel: Staff persons who have received training, demonstrated competency, and maintained the required certification and understanding of the following:

1. The Physical Crisis Management System utilized at the agency in which they are employed;
2. The implementation of the individual’s safety crisis plan;
3. The implementation of the Behavior support plan and Individual Support Plan;
4. All requirements as a service provider outlined in the most current service definitions for providers.

Reactive Strategies: The use of immediate and short term procedures that are necessary to address dangerous situations related to behaviors that place the person or others at risk. Such procedures, if utilized as a first time response to an emergency situation. Procedures include blocking and physical restraints. This also includes responses that are more delayed such as restricting access to the community or increased levels of supervision. These are procedures used in direct reaction to the undesirable behavior as opposed to proactive and preventative strategies designed to address the undesirable behaviors in a positive fashion.

Reactive Strategies Threshold: The use of three or more reactive strategies within a six month period, or two or more reactive strategies in a two month period.

Regional Behavior Support Review Committee: A peer review committee chaired by a Division, appointed Licensed Behavior Analyst and functions to provide technical assistance to individuals and their support teams and to contribute to the likelihood that Medicaid waiver assurances are adhered to and best practice of behavioral services are sustained.

Restrictive Interventions: The use of interventions that restrict movement, access to other individuals, locations or activities, restrict rights or employ aversive methods to modify behavior. These may also be called restrictive supports, procedures or strategies.

Safety Assessment (Attachment A): assessment by the planning team and physician of an individual’s physical, and/or emotional status. This includes history and current conditions that might affect safe usage of any reactive strategies, and identifies those reactive strategies which should not be used with the individual due

to medical or psychological issues of safety. The safety assessment should be completed annually or on the occasion of any significant change.

Safety Crisis Plan (Attachment B): An individualized plan outlining the reactive strategies designed to most safely address dangerous behaviors at the time of their occurrence or to prevent their imminent occurrences.

Time-Out: There are two categories of time-out procedures. The Seclusion time-out is the most restrictive and requires additional oversight.

1. **Exclusion Time-Out** is the temporary exclusion of an individual from access to reinforcement in which, contingent upon the individual's undesirable behavior(s), the individual is excluded from the potentially reinforcing situation but remains in the same area with others present.
2. **Seclusion Time-Out** is the temporary and time-limited removal of an individual to an area or room in which there is limited access to reinforcement and the individual is not allowed to leave the area or room through the use of verbal directions, blocking attempts of the individual to leave, or physical barriers such as doors or until specified behaviors are performed by the individual. Locked rooms (using a key lock or latch system not requiring staff directly holding the mechanism) are prohibited. This is sometimes referred to as a safe room or calm room.

PROCESS

- (1) Contracted providers shall monitor and implement positive proactive strategies to reduce the likelihood that an individual will require reactive strategies or restrictive interventions. Providers will develop processes to review usage when the threshold criteria for reactive strategies is reached.
 - A. When individuals reach the reactive strategy threshold shall trigger the planning team's extensive review and analysis of the problem situations. The planning team should:
 1. Convene within 5 business days to complete the review and any modifications.
 2. Identify triggers, preventative strategies and barriers to using the least restrictive strategies;
 3. Consider the need for a functional behavior assessment, and development of a formal behavior support plan or revision of an existing behavior support plan;
 4. Develop new or revised proactive strategies and strategies to prevent situations that are likely to result in use of reactive strategies.
 - B. Any individual meeting the reactive strategy threshold for two consecutive quarters shall be referred to the Regional Behavior Support Review Committee for consultation. If an individual meets the reactive strategy threshold for three or more quarters in a two year period, the planning team shall request behavioral services.
- (2) Restrictive Interventions other than approved physical crisis management procedures shall not be used as an emergency or crisis intervention.
 - A. Use of restrictive procedures that meet the definition of reportable events per 9 CSR 10-5.206 require the completion of the event monitoring form as specified in that CSR.
 - B. Plans using restrictive interventions shall be reviewed by the Due Process Committee and approved by the region's Behavior Support Review Committee.
 - C. Restrictive interventions are utilized only as alternatives to more restrictive placements and only as a means to maintain safety and allow the teaching of alternative skills that the individual can utilize to

more successfully live in the community. The following requirements must be documented in the person-centered service plan:

1. Identification of a specific and individualized assessed need;
2. Documentation that the positive interventions and supports used prior to any modifications to the person centered service plan;
3. Documentation that less intrusive interventions were tried but were not successful.
4. Regular collection and review of data to measure the ongoing effectiveness of the intervention;
5. Established time limits for periodic reviews to determine if the intervention is still necessary or can be terminated;
6. Informed consent of the individual;
7. Assurances that interventions and supports will cause no harm to the individual as described in 42 CFR 441.301(c) (2) (xiii).

(3) Behavior support plans (BSP) must be developed by a licensed behavioral service provider in collaboration with the individual's support system. The techniques included, in the plan, must be based on a functional assessment of the target behaviors. The techniques must meet the requirements for the practice of applied behavior analysis under Section 337.300. to 337.345 RSMo. The plan must include the following information:

- A. Alternative behaviors for reduction and replacement of target behaviors, defined in observable and measurable terms. They must be specifically related to the individual and relevant environmental variables based on functional behavior assessment (FBA);
- B. Goals and objectives for acquisition of coping skills appropriate alternative behaviors;
- C. Interventions aligned with positive functional relationships described in FBA including strategies to address establishing operations, contextual factors, antecedent stimuli, contributing and controlling consequences and physiological and medical variables;
- D. Data collected must include antecedents/triggers, description of events, duration, consequence/result, and effects of interventions.
- E. Description of specific data collection methods for target behaviors to assess the effectiveness of the strategies and data collection methods to assess the fidelity of implementation strategies;
- F. Data displayed in graphic format, with indications for the environmental conditions and changes relevant to target behaviors;
- G. If restraints or time-out are used monitoring of health status will be observed and data documented for one (1) hour after the event in 15 minute intervals. Health status data will include monitoring of vital signs including pulse, and visual observations of energy/lethargy level, engagement with others or other observed reactions.
- H. Proactive strategies to prevent challenging behaviors, improve quality of life, promote desirable behaviors and teach skills, that are specifically described for consistent implementation by family and/or staff;
- I. Specific strategies with detailed instructions for reinforcement of desirable target behaviors;
- J. Specific strategies to generalize and maintain the desired effects of plan, including strategies for fading contrived contingencies to natural contingencies to support system changes and maintain these strategies after BSP is faded;
- K. A Safety crisis plan if it is necessary to have strategies to intervene with at risk behaviors to maintain safety;
- L. If a behavior support plan includes physical restraint or time-out, specific criteria and procedures are identified;

- M. Target behavior(s) related to the symptoms for which psychotropic medications were prescribed and when they should be administered and the process for communicating data with the prescribing physician;
 - N. Description of less restrictive methods attempted in the past, their effectiveness, and rationale that proposed BSP strategies are the least restrictive and most likely to be effective as demonstrated by research or history of individual;
 - O. The method of performance based training to competency for care givers and staff providing oversight. Data will be reviewed at least monthly by qualified program staff. The qualified behavioral service provider will review data at least monthly;
 - P. Description of how the plan will be communicated to all supports, and services, including the frequency with which the ISP team will receive updates.
- (4) A Safety crisis plan must be developed after the first use of any reactive strategy or when the personal history of the individual indicates there is a likelihood that reactive strategies may be needed in the future, or where the individual's support team plans to use reactive strategies. A template for the Safety crisis plan is provided in Appendix B.
- A. If reactive strategies are considered likely and necessary, the team shall be proactive and consider the need for more specialized support strategies in the ISP and services such as Person Centered Strategies Consultant or Behavior Analysis Services (see Medicaid Waiver service definitions).
 - B. Procedures identified must be those identified as least restrictive and within safety parameters of the safety assessment. These will be used as a last resort after implementation of proactive, positive approaches.
 - C. If a safety crisis plan includes physical restraint or time-out, specific criteria and procedures are identified.
 - D. The plan must include the informed consent of the person, their parent or guardian.
 - E. The safety crisis plan will be considered a part of the Individual's Support Plan.
 - F. Safety crisis plans shall be part of any Behavior support plans.
- (5) Use of physical restraint and the name of the approved or nationally recognized crisis management program must be included in the individual's safety crisis plan (as required in RSMo 630.175.1). Restraints shall only be used in situations of imminent harm to prevent an individual from injuring self or others. Less restrictive crisis management procedures including de-escalation techniques and environmental management should be attempted prior to use of any type of restraint. Restraints include physical (sometimes call manual) and chemical.
1. **Physical Restraints.** Techniques used to physically restrain individuals are limited to those from nationally recognized physical crisis management programs. Any internally developed or non-nationally recognized program requires approval by the Division.
 - A. Requests for use of physical crisis management systems other than those that are nationally recognized must be made, in writing, to the Chief Behavior Analyst of the Division. If non-nationally recognized systems are approved and utilized, a quarterly analysis of the use of the restraint procedures and strategies to eliminate the need must be completed, with this documentation submitted to the Chief Behavior Analyst.
 - B. The physical restraint technique shall be used only in the manner designed and must be formally trained to competency and staff must maintain certification as specified by the physical crisis management system.

- C. Physical restraint techniques shall only be employed for situations of imminent harm to self or others and not to protect property. Physical crisis management procedures may be used in emergency situations to maintain safety.
 - D. Any improper or unauthorized use of a physical restraints or excessive application of force may be considered abuse and may prompt an investigation.
 - E. Instances in which a physical restraint procedure is used as a reactive strategy shall be documented on the most current Event Management Form.
 - F. Blocking is not considered a physical restraint procedure if used as defined in this directive.
2. **Chemical restraints** include prescription and overt the counter medications and require the approval of the Director of the Division or his/her designee prior to implementation of these restraints. Any use of a chemical restraint must be included in an approved safety crisis plan. Safety crisis plans which identify chemical restraints as a strategy must include the following:
- A. Written physician orders for any chemical restraints shall be time limited and for no longer than three hours.
 - B. Written orders shall be placed in the individual's record and shall contain at least the following information:
 - 1. Brief description of the imminent harm situation including ongoing activities, staff actions and the individual's actions that relates to the imminent harm;
 - 2. Type of chemical restraint used;
 - 3. The time when the order was written;
 - 4. The time when the chemical restraint was first administered;
 - 5. Ongoing visual observation and safety check shall occur during the time that the chemical restraint is affecting the individual.
 - C. Standing or PRN orders for chemical restraints shall not be used. Specification in a safety crisis plan or reactive strategies deemed safe for an individual and/or recommended as the most likely to be effective will not be considered as PRN orders.
 - D. The authorized medical professional designated by the physician writing the order shall observe the individual and evaluate the situation within thirty (30) minutes from the time chemical restraints were initiated.
 - G. In an emergency in which an on-site authorized physician is not available, only a registered nurse or a qualified licensed practical nurse may administer chemical restraints to an individual and only after receiving an oral order from an authorized physician.
 - 1. The documentation of such orders shall include the following:
 - a. Name of physician who gave the order;
 - b. Name of nurse who received the order;
 - c. Name of nurse who actually administered the chemical restraint – identify behaviors requiring the chemical restraint in specific terms that allow measurement;
 - d. Anticipated effects of the medication and time frame related to the effects.
 - 2. The person administering the chemical restraints shall document the information required and the physician's oral order in the individual's record or equivalent record.
 - 3. The oral order shall be signed by a physician as soon as possible after the initial administration of the chemical restraint.
3. **Mechanical restraints** are prohibited.

- (6) Utilization of a seclusion time-out (or safe-room) procedure requires that there be a functional assessment of the target behavior, a behavior support plan, and request to the Chief Behavior Analyst, in writing, specifying the rationale for the use of the procedure, and will require review and approval of the designated time-out area or room. The individual support plan must identify the need for such restrictive procedures and include behavioral services to support the individual to learn alternative behaviors and less restrictive supports.
- A. A specialized crisis procedure can be approved to utilize seclusion time-out as an emergency procedure with the approval of the Chief Behavior Analyst. Policies and procedures for utilization in the specialized program should include all of the requirements for the behavior support plan.
 - B. Behavioral services must remain active during the time period in which the behavior support plan (seclusion time-out intervention) is in place.
 - C. The behavior support plan when it includes a time-out procedure must include all elements identified in (4) as well as the following:
 - 1. Specification that only qualified personnel may use seclusion time-out for an individual under conditions set out in an approved behavior support plan.
 - 2. If the behavior support plan includes time-out, it shall be reviewed and approved by the following:
 - a) Regional Office's behavioral support review committee;
 - b) Regional Office's Due Process Review Committee;
 - c) The individual or the family, or legal guardian as appropriate;
 - d) The Chief Behavior Analyst or designee shall use the Time-out/Safe Room Request Tool to evaluate that the plan is appropriate (Attachment C).
 - 3. Target behaviors, operationally defined, and consistent with the function identified in the functional assessment for the target behavior;
 - 4. Description of strategies to ensure high rates of positive reinforcement and engaging activities are available for the individual making "time in" an enriched situation;
 - 5. Criteria for release from time-out and discontinuation of a time-out episode:
 - a) Release from time-out criteria is limited to no more than five minutes of calm behavior.
 - b) Total duration for the seclusion time-out episode shall be no more than one hour except in extraordinary instances (during initial stage of program) that are personally approved at the time of occurrence by the behavior analyst and reviewed within one business day by the region's assigned area behavior analyst.
 - c) Continuous observation of the person in time-out.
 - d) Seclusion time-out will be discontinued if there are any signs of injury or medical emergency and the person will be assessed by appropriate medical personnel.
 - e) The date, time and duration of each time-out intervention shall be documented on a data sheet and on an event management form.
 - D. Time-out areas or rooms shall meet the following safety and comfort requirements:
 - 1. Areas and rooms to be utilized for seclusion time-out and the procedures for the use of time-out shall be reviewed and approved by the Chief Behavior Analyst or designee.
 - 2. Continuous observation of the individual in the area shall be maintained at all times.
 - 3. Adequate lighting and ventilation shall be used at all times.
 - 4. The area or room shall be void of objects and fixtures such as light switches, electrical outlets, door handles, wire, glass and any other objects that could pose a potential danger to the individual in time-out.

5. If there is a door to the room or area, it will open in the direction of egress such that the individual in the room is not able to bar the door to prevent entry.
 6. The door shall be void of any locks or latches that could allow the door to be locked without continuous engagement by a staff person.
 7. The room or area will be at least six feet by six feet in size or large enough for any individual, who will utilize the room, to lie on the floor without head or feet hitting walls or door.
- (7) Each Regional Office shall have a regional behavior support review committee (RBSRC).
- A. The regional behavior support review committee will be chaired by a qualified behavior analysis service professional that meets the requirements of the Division Directive for RBSRC.
 - B. This committee shall review the restraints and restrictive interventions used for individuals in the region who are referred to the committee for consultation or who are considered by the region's assigned Area Behavior Analyst to be at risk.
 - D. Members of the committee will be licensed professionals whose scope of practice and training includes specialization in Applied Behavior Analysis.
- (8) If use of prohibited or unauthorized procedures is discovered, the following will occur:
- A. Regional Director will be notified of the use of prohibited procedures, the agency involved, persons for whom the procedures were utilized, and reasons for use.
 - B. Regional Director will direct regional staff and Area Behavior Analyst to conduct a focused review of the agency.
 - C. If the focused review confirms that prohibited or unauthorized procedures were used, the Regional Office Director will be informed and notify the provider and support coordinator. If the procedures were included in the BSP, the provider or support coordinator will convene the planning teams to develop appropriate alternative strategies and discontinue the use of the prohibited procedures immediately. If the BSP includes appropriate protocols and the staff operated outside the scope of the plan, the provider will determine appropriate personnel action. If the prohibited procedures utilized meet the definition of either physical abuse or neglect, per 9 CSR 10-5.200, it will be reported to the Department of Mental Health investigations unit.
 - D. Area Behavior Analyst will work with planning teams to determine appropriateness of strategies and need for additional services to assist the provider to address the situations positively, proactively and preventatively.
 - E. Area Behavior Analyst will refer supports of individuals, for whom the prohibited practices have been used, to the RBSRC.
 - F. Follow up reviews of the provider will occur to ensure that appropriate procedures and supports are utilized and prohibited practices have been discontinued for a duration determined by the Chief Behavior Analyst.

Authority:

9 CSR 25-5.010 <http://www.sos.mo.gov/adrules/csr/current/9csr/9c25-5.pdf>
 DD Non-Waiver Service Definitions <http://dmh.mo.gov/dd/provider/docs/servicedefinitions.pdf>
 RSMo 630.005 <http://www.moga.mo.gov/mostatutes/chapters/chapText630.html>
 RSMo 630.175.1 <http://www.moga.mo.gov/mostatutes/chapters/chapText630.html>
 RSMo 337.300. to 337.345 www.moga.mo.gov/mostatutes/chapters/chapText337.html
 9 CSR 10-5.206 <https://www.sos.mo.gov/adrules/csr/current/9csr/9csr>
 9 CSR 10-5.200 <https://www.sos.mo.gov/adrules/csr/current/9csr/9csr>
 42 CFR 441.301(c) (2) (xiii) http://www.ecfr.gov/cgi-bin/text-idx?node=se42.4.441_1301&rgn=div8

Attachment A
Crisis Safety Assessment

Instructions: Assessment should include what the person might do (behavior) in the escalation, crisis and de-escalation stages of the most likely crisis episodes and the types of interventions/strategies that have been successfully and unsuccessfully used in recent past episodes. Any possible medical or physical issues should be evaluated by appropriate medical staff and these should be considered in the development of the plan. Prohibitions of strategies that would complicate or endanger the person's physical or mental health must be explicitly identified in the plan. The persons' typical supports and needs must be evaluated and every effort made to address improvement in the quality of life and meeting identified needs as well as incorporating strategies to prevent crisis in the individual support plan. When possible the strategies planned should be developed with the person and practiced with the person and their support team. The plan should be evaluated after each crisis event and modified as necessary.

Specific Issues to address in the Safety Crisis Assessment

Health and Safety

- Any health issues that might preclude use of PRN medications? Reactions to medications?
- Use of any holds or restraints? Ex. Brittle bones, asthma, overweight, history of sexual abuse or physical abuse, range of motion issues, shoulder or knee pain or injuries, seizures, bladder issues that might increase discomfort or need for release
- Allowing extended time of escalation? Ex. Heart conditions, asthma, medications that might make him/her sun or heat sensitive
- Any history with police, hospitals or being restrained that might affect using or not using one of these?

Quality of life and/or unmet needs

- What is lacking in the person's life, services need that are unavailable that might be necessary to consider for crisis prevention/intervention?
- Ex. Does not have a meaningful day, likes to feel important but has no skills or role that meet that need, used to be the mail delivery person at school and assist the janitor but has nothing like that now that graduated. Going to hospital, having case manager come and talk about problems, having police come all may serve to help person "feel important". Need to find ways that these can happen without making a crisis.

Relaxation skills the person has or is developing

- **Strategies used in the past-** What has been done in the past in situations – effective or not effective

- What the individual prefers when upset and prefers not to happen
- What might interrupt or prevent a situation from escalating

What you might expect to happen in a crisis situation

- **What are the possible trigger situations and precursors behaviors**
 - Upsetting or aggravating events to avoid when trying to prevent or de-escalate
 - Behaviors the person might do that might indicate he/she is becoming upset or having difficulty coping with a situation
- **How long has the person stayed upset in the past?** Get idea of how long, longest event of dangerous to self or others behavior has lasted.

Attachment B
Safety Crisis Plan Example Model Format

Name:

Date of Plan Development:

Supports/Provider/Program:

Team members developing plan:

(If child or under guardianship) Parent or guardian involved in developing plan:

Consent to use the plan given by (individual/parent/guardians signature): _____

Date parent/guardian provided consent to use: _____

Need(s) (Specific statement related to Medical Necessity): _____ needs help to interact with others without physical or verbal aggression. In the past these actions have resulted in (describe most severe results of episodes, list dates of most recent episodes):

Support Plan Goal: _____ (example: will meet and participate in the after school program with no episodes of physical or verbal aggression)

Assessment for this Plan: (If the crisis safety plan strategies must be implemented more than 2 times in a month or 3 times in a quarter this is indication that more complete functional behavior assessment and development of a behavior support plan by a licensed professional is necessary).

Problem Behavior (specify frequency, intensity or duration):

Possible Trigger Events: (What might happen that could result in it more likely that he will become upset and engage in the problem behavior?)

Possible precursor behaviors: (What might he do that tells you he is getting upset?)

Common result of the problem behaviors: (What has typically been the response of the staff when the problem behavior has happened in the past? Both adult/staff responses and reactions and his response/reactions to these). These may be necessary actions for safety, responses that are used to teach student to not engage in the problem behaviors, unplanned reactions – any of these may be acting to contribute to the problems continuing).

Adults/staff have done		Student responded by	
Prevention Steps			
Trigger Event (list each known event)	Action to Take	Person Responsible	How long or how often should the actions be done?
Precursor behaviors (list each known behavior)	<i>Action to Take</i>	Person Responsible	How long or how often should the actions be done?

Criteria for directly addressing the problem behavior: (when do you move from prevention/de-escalation to trying to directly intervening or seeking assistance?)

Criteria for escalating safety intervention	Action to Take	Person Responsible	How long or how often should the actions be done?

Documentation of implementation of plan: (describe how use of any of safety crisis plan will be documented):

Communication of use of plan to other members of the team, including parents and support coordinator: (describe how and by whom the use of plan will be communicated):

Attachment C
TIME-OUT/SAFE ROOM REVIEW TOOL

Requested by: _____ **Requested for:** _____ **Reviewed by:** _____

Date of review: _____

Indicate one: Behavior Support Plan including Safe Room procedures meet necessary requirements

OR

Behavior Support Plan or Safe Room procedures do NOT meet necessary requirements and revision is recommended

Necessary Condition	present	inadequate	Comments/recommendations
1. Purpose of room: (indicate one) <ul style="list-style-type: none"> • Time out – for out of control behavior and to effect reduction of behavior frequency • Safe room – for out of control behavior to insure safety during periods of escalation 			
2. Exit criteria: clear and dependent on short period of “calm” behavior, operationally defined for the individual.			
3. Medical issues that may be related to the behaviors of concern have been			
4. ISP thorough and includes a variety of activities and a functional schedule including choice of reinforcing events daily and learning activities for meaningful skills including leisure/self entertainment beyond “watching or listening” investigated and are being addressed.			
5. Other less restrictive interventions are inappropriate or have been ineffective as evidenced by #6.			
6. The following items have been done and reviewed by an independent BCBA or expert in PBS(as appropriate): <ul style="list-style-type: none"> • Functional Behavior Assessment completed – in depth. • BSP is positive with strategies to improve skills and re arrange contingencies so that desirable behaviors are more reinforced than the behaviors of concern. • Data collection is ongoing and reliable. • BSP implemented with fidelity and consistency. 			
7. The behavior of concern for which the safe room or time out room would be used is of significant intensity to warrant a restrictive intervention- documentation reviewed EMTs, data collection from BSP, hospitalizations, police reports.			
8. Design and oversight of strategies/BSP by qualified provider of behavioral services			
9. Strategies designed to teach self-calming and			

then to allow egress when calm in plan.			
10. Transporting the person to the room is possible and within safety parameters and alternative strategies can be used if room is not available (situation occurs out of the home).			
11. Safety precautions planned and sufficient.			
12. Room meets safety standards described in DOR 4.145 including the following: <ul style="list-style-type: none"> • Continuous observation of the individual is possible in the room • and identified as a necessary component of use of room in the plan 			
13. Data collection for use of room and reviewed by supervisor			
14. Staff competency trained in use of room and documentation of use			
15. Likelihood of over use or abuse limited			
16. Behavioral repertoire does not include self-injury or parameters for intervening in self-injury when in room identified and approved by medical staff.			
17. Action steps for staff to take if consumer injured while in room identified in plan			
18. Regional Office Human rights Committee and Behavior Support Committee have reviewed plan and data and addressed concerns and schedule for ongoing review of use of room established.			