Emergency safety interventions

Purpose

This document is provided as guidance and is not a legal document. It does not override or replace the need to be familiar with rules. Current rules may be found on the **DLBC website**.

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Definitions

Emergency safety intervention

A tactic used to protect staff or a client from being physically injured. Emergency safety interventions should only be used by direct care staff who are trained in the appropriate use of interventions.

De-escalation

Using communication, body language, or other intentional processes to prevent a situation from becoming dangerous or violent.

Restraint

Restricting a person's freedom of movement, physical activity, or normal access to their body. **An escort leading, guiding, or directing a client is not considered a restraint**.

Pain compliance

Using a technique that intentionally produces pain or discomfort to encourage submission.

Active aggressive

An act of assault, intended to cause harm coupled with the present ability to carry out the assault which reasonably indicates that an injury to any person is likely to occur.

Use of de-escalation techniques

Whenever possible, the use of appropriate de-escalation techniques should always precede the use of other emergency safety interventions described in this document. The proper use of de-escalation techniques can promote a client's self-control, self-esteem, and independence.

Use of restraint

A physical restraint must always start at the lowest level of intensity. Restraint may never be used as a convenience, punishment, or substitute for properly training staff in the appropriate use of de-escalation techniques.

Method of restraint

There are 3 common methods of restraint, including:

- **Manual restraint:** Physically holding or restricting a person's body.
- **Mechanical restraint:** Using a device to restrict a person's movement. Mechanical restraints are strictly prohibited in congregate care programs.
- **Chemical restraint:** Administering a drug such as a sedative or antipsychotic with the intent of restricting an individual's movement or behavior. Chemical restraints are strictly prohibited in congregate care programs.

Using a restraint

A restraint may only be used as an emergency safety intervention if necessary to protect a client from causing immediate harm to themselves, others, or destroying property. The following are examples of when an emergency safety intervention may be necessary. Please note these examples are not all inclusive.

Example 1: A client attempts to run out into a busy street or other dangerous area. The client fails to respond to verbal prompts from staff, or there is no time to verbally prompt the client before they harm themselves, and trained staff must physically intervene using the amount of intervention necessary to ensure client health and safety. This example may require an escort intervention and walking them back to a safe area.

Example 2: A client throws an item and breaks a window. The shattered glass created a dangerous environment. The client does not speak and walks directly towards the broken glass ignoring verbal prompts from staff. This example may require an escort intervention and possibly a physical intervention response listed in the continuum below.

Example 3: A client becomes extremely agitated and begins throwing heavy objects at other clients and staff in the classroom. All clients are moved out of the room, and trained staff members, who are certified in a crisis intervention accredited curriculum, attempt to use verbal de-escalation. The client does not respond and advances towards a staff member with a chair raised over their head. This example may require a physical intervention response listed in the continuum below.

Example 4: A client, without warning, physically attacks another client. Staff intervene, and the client bites, kicks, punches or continues to display active aggressive behavior. This example may require the highest level of emergency intervention which may include applying pain compliance techniques.

Staff should always prioritize using the least intensive intervention possible and use appropriate response to the level of client resistance. If the use of a restraint is deemed necessary, a client should only be restrained as long as they present an immediate danger to themselves or others.

Use of pain compliance

Using pain compliance

Pain compliance may only be used when the use of physical restraint is insufficient to control the situation and pain compliance is deemed essential to prevent substantial harm/injury to the client(s) or others.

Staff should always use the least intensive intervention possible and only resort to pain compliance when absolutely necessary. Staff using pain compliance techniques must be adequately trained, and the provider must be prepared to justify the necessity of employing pain compliance in each instance.

Client rights

Every client has the right to be treated with dignity and respect, and be free from potential harm and mistreatment. Although there may be times when the use of emergency intervention is necessary to protect client safety, client rights may never be violated.

Also note that the use of corporal punishment is never acceptable, even in emergency situations. Corporal punishment is an action intended to cause physical harm including, but not limited to:

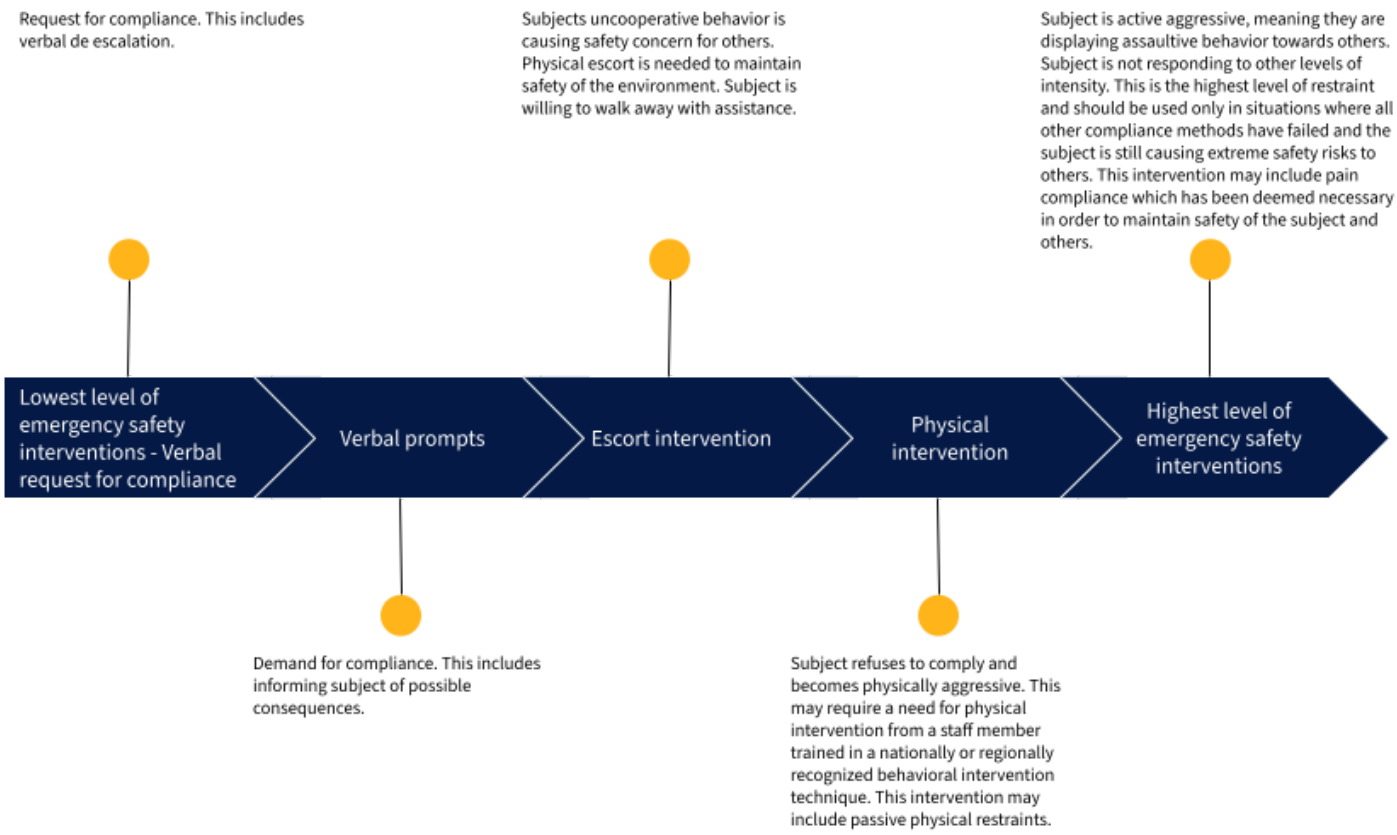
- Pinching
- Spanking
- Hitting, kicking, or slapping
- Forced physical exertion

All other human services programs are required to comply with requirements under **R501-1 | General Provisions for Licensing** in regard to the use of restraint.

Levels of emergency safety interventions explained

Emergency safety interventions detailed below must be implemented in strict accordance with your nationally or regionally recognized behavioral intervention curriculum.

Intervention progression along the continuum should be dynamic. Interventions may move up or down the continuum as the situation either intensifies or de-escalates. Providers are required to move down the continuum as quickly as possible and must never escalate to a higher intervention level unnecessarily.



- Emergency Safety Interventions may start anywhere on the continuum depending on the situation and may intensify quickly. Providers are required to act according to the situation at hand in order to keep all clients safe and always start at the lowest appropriate level of emergency intervention in order to safely address the situation.

- Providers must ensure staff are adequately trained, and must ensure staff do not act in a way that is cruel, severe, unusual or unnecessary for the situation.
- As per 26B-2-123(1)(b) an emergency safety intervention is not considered a cruel, severe, unusual, or an unnecessary practice if it is used properly.