

## BEHAVIOR EMERGENCY PROCEDURES (REACTIVE STRATEGIES/CRISIS MANAGEMENT) POLICY

Reactive strategies means the procedures or physical crisis management techniques of seclusion or manual, mechanical, or chemical restraint utilized for control of behaviors that create an emergency or crisis situation. Reactive strategies are governed by *Rule 65G-8 FAC, Reactive Strategies*.

Reactive strategies may be used ONLY by authorized staff. Authorized staff person means an employee of a facility or program that has completed APD approved training (course and validation) in the approved emergency procedure curriculum and is approved by the authorizing agent to use restraint and seclusion procedures.

Reactive strategies are NOT permitted UNLESS the individual has a behavior plan outlining strategies and ONLY if staff has completed the required training and has been approved by an authorized agent to use reactive strategies.

In any case that appears to be or may become a crisis (any individual, including the client, threatens violence or makes violent threats) or in any case where there is a situation where any client is becoming agitated, staff will attempt to de-escalate the situation either verbally or by removing himself from the situation. In all such cases, staff will immediately contact the Program Administrator. If necessary, 911 should be called. In NO instance will staff use any reactive strategy on a client unless authorized to do so under Rule 65G-8 FAC.

Rule 65G-8 can be examined at <https://www.flrules.org/gateway/chapterhome.asp?chapter=65G-8>.

In all cases, staff must adhere to Title XXIX, Chapter 393.13.

### **Title XXIX, Chapter 393.13**

(3) RIGHTS OF ALL PERSONS WITH DEVELOPMENTAL DISABILITIES.—The rights described in this subsection shall apply to all persons with developmental disabilities, whether or not such persons are clients of the agency.

(g) Persons with developmental disabilities shall have a right to be free from harm, including unnecessary physical, chemical, or mechanical restraint, isolation, excessive medication, abuse, or neglect.

(4) CLIENT RIGHTS.—For purposes of this subsection, the term “client,” as defined in s. 393.063, shall also include any person served in a facility licensed under s. 393.067.

(g) A client may not be subjected to a treatment program to eliminate problematic or unusual behaviors without first being examined by a physician who in his or her best judgment determines that such behaviors are not organically caused.

1. Treatment programs involving the use of noxious or painful stimuli are prohibited.

2. All alleged violations of this paragraph shall be reported immediately to the chief administrator of the facility and the agency. A thorough investigation of each incident shall be conducted and a written report of the finding and results of the investigation shall be submitted to the chief administrator of the facility and the agency within 24 hours after the occurrence or discovery of the incident.

3. The agency shall adopt by rule a system for the oversight of behavioral programs. The system shall establish guidelines and procedures governing the design, approval, implementation, and monitoring of all behavioral programs involving clients. The system shall ensure statewide and local review by committees of professionals certified as behavior analysts pursuant to s. 393.17. No behavioral program shall be implemented unless reviewed according to the rules established by the agency under this section.

(h) Clients shall have the right to be free from the unnecessary use of restraint or seclusion. Restraints shall be employed only in emergencies or to protect the client or others from imminent injury. Restraints may not be employed as punishment, for the convenience of staff, or as a substitute for a support plan. Restraints shall impose the least possible restrictions consistent with their purpose and shall be removed when the emergency ends. Restraints shall not cause physical injury to the client and shall be designed to allow the greatest possible comfort.

1. Daily reports on the employment of restraint or seclusion shall be made to the administrator of the facility or program licensed under this chapter, and a monthly compilation of such reports shall be relayed to the agency’s local area office. The monthly reports shall summarize all such cases of restraints, the type used, the duration of usage, and the reasons therefor. The area offices shall submit monthly summaries of these reports to the agency’s central office.

2. The agency shall adopt by rule standards and procedures relating to the use of restraint and seclusion. Such rules must be consistent with recognized best practices; prohibit inherently dangerous restraint or seclusion procedures; establish limitations on the use and duration of restraint and seclusion; establish measures to ensure the safety of clients and staff during an incident of restraint or seclusion; establish procedures for staff to follow before, during, and after incidents of restraint or seclusion, including individualized plans for the use of restraints or seclusion in emergency situations; establish professional qualifications of and training for staff who may order or be engaged in the use of restraint or seclusion; establish requirements for facility data collection and reporting relating to the use of restraint and seclusion; and establish procedures relating to the documentation of the use of restraint or seclusion in the client’s facility or program record. A copy of the rules adopted under this subparagraph shall be given to the client, parent, guardian or guardian advocate, and all staff members of facilities and programs licensed under this chapter and made a part of all staff preservice and inservice training programs.

I have read and fully understand the Reactive Strategies Policy and agree to follow its dictates.

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Staff Signature

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Date