M3 INSTRUCTOR

Clinical Containments Manual

Team Based Responder Physical Interventions

WHEN TO USE....

The Standards for use:

- The only reason the response team is considering the usage of clinical containment procedures is because all other non-physical interventions, that are present and possible, have been attempted and have demonstrated that they are not effective or responsive.

- All team efforts to encourage the patient in crisis to maintain self-control over safety are failing and the patient is escalating rapidly towards imminent danger to self or others.

- The end result for crisis escalation results in a clear imminent danger to self and or others has been defined.... the end result is the need for the response team to physically intervene and establish safety control.

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WHEN TO USE....

The Standards for use:

- Each patient is unique. The way they respond to crisis is unique. The things that may anything, let it be that the crisis situation is unique to the individual and not "routine" or "to be expected".

- It is the responsibility of the response team to determine the least restrictive response to patients in crisis, and act as needed to ensure safety of the individual, the team, and those who may be collaterally caught up in the unfolding crisis.

- When all goes perfectly safety is accomplished, however, the nature of crisis is chaos - and chaos rarely goes perfectly. This means that training and adaptability is an essential element in safety response.

CLINICAL CONTAINMENT GUIDELINES:

Safety Guidelines:

- The Response Team needs to try and maintain a 3 to 1 body mass ratio, response to patient. This does not mean 3 staff to 1 patient, it is direct reference to the total body mass of the team used in response.

- Be mindful of lanyards, watches, earrings, long hair, eye glasses, or anything that may cause injury during physical response.
  Be Environmentally Aware of potential environmental hazards that may exist in the crisis zone.

- Be Situationally Aware of individuals within the crisis zone. These individuals may include patient family, friends, other patients, or members of the public who feel compelled to help.

CLINICAL CONTAINMENT GUIDELINES:

Safety Guidelines:

- Crisis situations can be confusing and individuals within the crisis zone may not understand the complete situation you are responding.

- A safe Clinical Containment needs more than strength from the response team. Effective Utilization of the MABPRO Physical Response Principles will help the team capitalize on:

- Body Mass Neutralizing Strength
  Purposeful Body Mechanics
  Manipulated Psychometric Reflexology

10 MAB SUPPORTED POLICY GUIDELINES:

1. Every effort should be made to prevent the need for the use of Clinical Containment.

2. Clinical Containment should not be used except in situations where the Patient's behavior poses imminent danger of serious physical harm to self or others and other interventions are ineffective and should be discontinued as soon as imminent danger of serious physical harm to self or others has dissipated.

3. Any behavioral intervention must be consistent with the Patients' rights to be treated with dignity and to be free from abuse.

4. Clinical Containment should never be used as punishment or discipline as a means of coercion or retaliation, or as a convenience.

5. Restraint or seclusion should never be used in a manner that restricts a child's breathing or harms the Patient.

6. Behavioral strategies to address dangerous behavior that results in the use of restraint or seclusion should address the underlying cause or purpose of the dangerous behavior.

7. Personnel should be trained regularly on the appropriate use of effective alternatives to physical restraint and seclusion, such as positive behavioral interventions and supports and, only for cases involving imminent danger of serious physical harm, on the safe use of physical restraint and seclusion.

10 MAB SUPPORTED POLICY GUIDELINES:

8. Every instance in which restraint or seclusion is used should be carefully and continuously and visually monitored to ensure the appropriateness of its use and safety of the Patient and Staff.

9. Policies regarding the use of restraint and seclusion should be reviewed regularly and updated as appropriate.

10. Policies regarding the use of restraint and seclusion should provide that each incident involving the use of restraint or seclusion should be documented in writing and provide for the collection of specific data that would enable teachers, staff, and other personnel to understand and implement the preceding principles.

M2

WHERE IS BODY MASS MOST EFFECTIVE?:

AVOID Placing Responder Body Mass Here:

Where you can, Target Responder Body Mass Here:

Always be mindful of safety and comfort checks!

MAB CLINICAL CONTAINMENT LANES:

SIBS Position

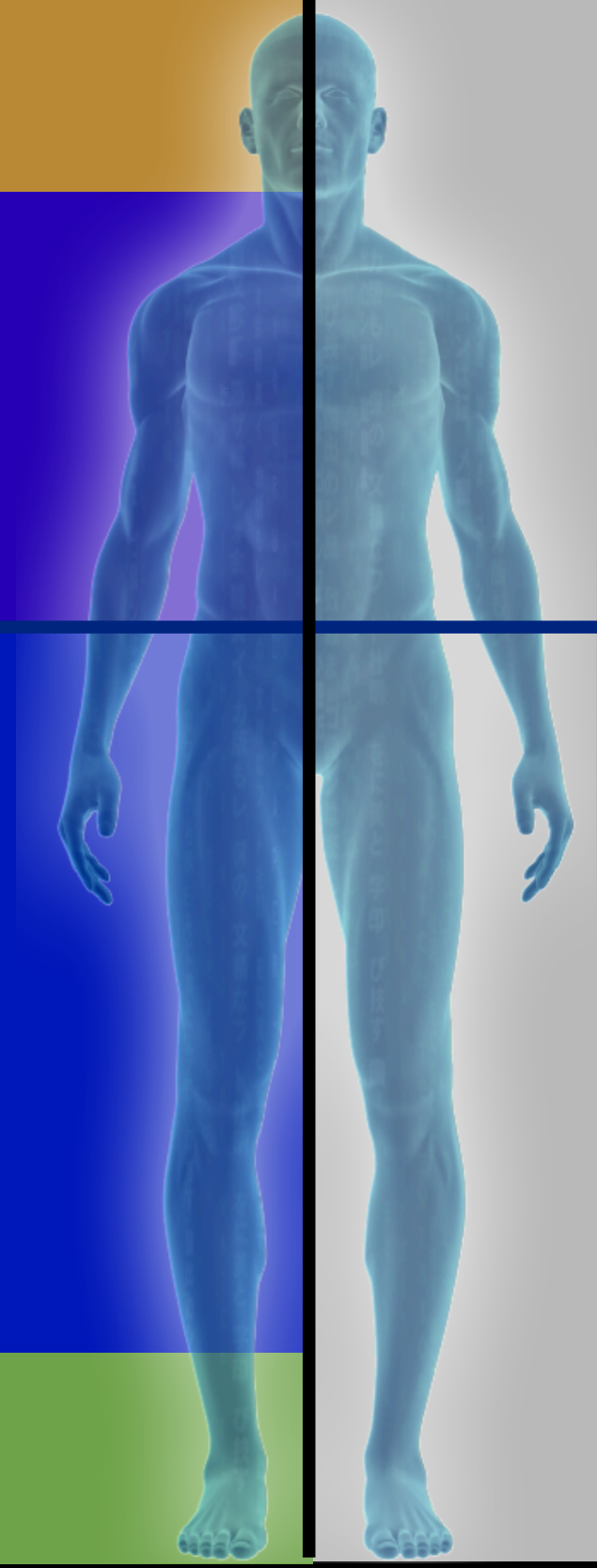
FIVE
Person Prone
Containment

(SIBS Position)

(Torso)

TWO
Person Prone
Containment

(Side Control)



FOUR
Person Prone
Containment

(Base)

(Leg Control)

THREE
Person Prone
Containment

CLINICAL CONTAINMENT - INHERENT RISK:

Inherent Risk Zones:

1. Team Tries to Attach to the Patient -
2. Team Lowers Patient to the Ground -
3. Team Contains Patient on the Ground

THE PHASES OF CLINCICAL CONTAINMENT:

Four Stages of Containment:

1. Phase ONE: Response Team Secures the Patient
2. Phase TWO: Response Team Lowers Patient to the Ground
3. Phase THREE: Response Team Safely Contains Patient on the Ground
   (minimum Two Person Response Team)
4. Phase FOUR: The Response Team helps the Patient get up and resume self-controlled communication.

PHASE ONE: RESPONSE TEAM SECURES THE PATIENT

RISK Assessment:

- Securing the Response Team to the patient in distress is a very difficult process.
- The patient is in full balance and base and can counter the motions of the response team.
- Deflection based Safe Evasion combined with roll and capture principles should be utilized as best as possible to help mitigate the risk of patient assaults towards staff.
- The Response Team will need to establish physical control of the patient's base.

PHASE ONE: RESPONSE TEAM SECURES THE PATIENT

Stage ONE: Safe Escort Position

1. POSITION - Using, at a minimum, a two-person response team place secure the patient in crisis into the Safe Escort Position. One Response Team Member on each side of the patient.

2. POSITION - Each Team Member places the patient in the Hook and Brace Hold.
The Hook: One arm is hooked under the patient's arm, firmly and lifting up.
The Brace: With the unhooked arm firmly grasp the patient's wrist slightly above the watch and leverage the patients hooked arm tightly across your torso at an angle.

3. POSITION - The supporting staff does the same to the patient's other arm. There are now two staff attached to the patient. Both staff now have the patient secured in a Hook and Brace Hold

PHASE ONE: RESPONSE TEAM SECURES THE PATIENT

Key Points:

- The patient will undoubtedly struggle, support staff should make every effort keep their weight and balance leaning onto the inside leg and be as close to the patient as possible.
- This effort is to keep the three separate body masses unified in the hold to maximize body weight utilization, while minimizing the space available for patient to find base and build momentum from.
- The closeness of the team position in the hold helps prevent the patient from capitalizing on free movement.

SAFE ESCORT POSITION:

PHASE TWO: RESPONSE TEAM LOWERS THE PATIENT

RISK Assessment:

- Gravity will become part of the equation as the patient is safely lowered to the ground for clinical containment.
- There is a time as the team is lowering to the ground where gravity will take over and the option of returning upright is not immediately possible.
- The Response team prepares for this by maintaining proper position designed to slow the momentum of the total mass in stages as it lowers the patient to the ground

PHASE TWO: RESPONSE TEAM LOWERS THE PATIENT

Stage One: Sync the Teams Response Movements.:

1. COMMUNICATION - Once the team is ready to lower the patient to the ground, they synchronize their response movements with the simple preparatory and execution of movement commands of "Ready" and "Step".

Preparatory Command:
One staff says "Ready"

The Command of Execution: The other staff after hearing the preparatory command will initiate the execution command of "Step".

PHASE TWO: RESPONSE TEAM LOWERS THE PATIENT

Stage Two: From the Safe Escort Position, the Team Lowers the Patient to the Ground.

1. **MOTION -** When the command of execution has been given then big staff step with their inside leg to meeting forward step directly I front of, and close to the patient.

2. **MOTION -** Following the inside step, each staff person will take a wide outside step forward at an angle approximately shoulder width apart.

3. **MOTION -** Following the outside step, each staff person will lower 50% of the total body mass by lowering their inside knee to the ground.

4. **MOTION -** As they are lowering the body mass to the ground, they take the hand of the arm maintaining the Hook and turn it outward in preparation for lowering the total body mass the rest of the way to the ground. This hand is responsible for catching the weight as it is lowered to the ground.

PHASE TWO: RESPONSE TEAM LOWERS THE PATIENT

Key Points:

- [x] It is very important that the Hook hand of each responder turn and catch the weight as it the team lowers to the ground.

- [x] Both staff must catch the weight of the team as it lowers to the ground with the inside hand, failure to do so may result in the team landing abruptly.

PHASE THREE: RESPONSE TEAM SECURES THE PATIENT ON THE GROUND.

RISK Assessment:

- If there is not enough response team body mass involved in the effort to safely contain the patient in crisis, then the risk is greater towards potential injury to staff or patient

- When the total body mass is on the ground, and the clinical containment begins its full motion, the team will need to promptly develop and maintain the Swaddling Position to maintain safety control and minimize the risk of injury to the response team and patient.

- To help minimize the risk of injury there should be, where possible, a three to one body mass ratio of staff to patient.

- To further minimize risk maneuvers, need to be completed promptly and correctly.

PHASE THREE: RESPONSE TEAM SECURES THE PATIENT ON THE GROUND

Stage Three: The Swaddling Position (Minimum Two Person Response Team)

As soon as the team slows the momentum of the total body mass they are to then to hurry and as quickly as possible get into the swaddling position:

POSITION - Each staff is to lay directly beside the patient, the inside arm is hooked under the patients arm and up on the elbow.

POSITION - Staff, using the outside arm, is to use the brace hand to hold the patients arm (above the
watch) to the ground, and under the body weight of the staff torso at an angle.

POSITION - To complete the swaddling position each staff will put a flat bend to the leg furthest away from the patient to simulate an Army Crawl position. This stabilizes the total body mass of the Containment and prevents it from rolling.

POSITION - The full side of each staff member should be making direct contact along the side of the patient.

POSITION - The inside leg, the one closest to the patient, is to remain flat on the ground and make direct contact with the side of the patient. This is referred to as the Drag Leg, the force and friction of this element helps create the needed weight to assist in the Containment process.

MOTION - As soon as the patient is on the ground he or she will begin to struggle to get up. The counter motion for this is initiated as soon as the team is in the Swaddling Position. Once the Swaddling Position has been achieved quickly, each staff member begins directing their body weight "In" (towards the patient side), and "Up" (towards the shoulder of the patient). This motion continues as long as the patient struggles, when they stop struggling, the motions stops. When they reanimate the motion starts again and stops when the patient stops.

THE SWADDLING POSITION

PHASE TWO: RESPONSE TEAM SECURES THE PATIENT ON THE GROUND

Key Points:

- **COMMUNICATION -** There should be only one "Captain" leading the efforts to communicate with the patient.
- **COMMUNICATION -** Do NOT discuss the variables leading to the intervention, only discuss the concepts needed for the establishment of safety through self-control.
- **COMMUNICATION -** Do NOT acknowledge negative responses or actions
- **COMMUNICATION -** Always acknowledge variances of compliance.

PHASE FOUR: RESPONSE TEAM HELPS THE PATIENT GET UP AND RESUME SELF-CONTROLLED COMMUNICATION

RISK Assessment:

- As soon as safety presents itself through the patient's ability to maintain self-control, the response team will need to discontinue the clinical containment.
- The response team maintains focus to consistently seek the least restrictive measure when interacting with the patient.
- The team is always mindful of any form of threat reactive communication from the team that may add to the acuity level of the patient.
- The team is on alert for signs of re-escalation.

PHASE FOUR: RESPONSE TEAM HELPS THE PATIENT GET UP AND RESUME SELF-CONTROLLED COMMUNICATION

Stage Four: The Walk Back

The following is the list of commands the Team Captain would use to direct the Response Team to systematically walk the patient back and towards being upright.

1. COMMUNICATION - Full Response Team - "Adjust" = Flex down, each team member does a safety check of his or her position.

2. COMMUNICATION – Responder One (Left Arm side control) - "Sit FORWARD at the ready" = The person holding the left arm comes up to his or her knees, the hook and brace stays in place, ready to reengage if re-escalation occurs.

3. COMMUNICATION - Responder Two (Right Arm side control) - "Sit FORWARD at the ready" = The person holding the Right arm comes up to his or her knees, the hook and brace stays in place, ready to reengage if re-escalation occurs.

4 COMMUNICATION - Responder One (Left Arm side control) - "Sit BACK at the ready" = The person holding the left arm will unhook and remove brace, sit back on heals, and be ready to re-engage is re-escalation occurs.

5. COMMUNICATION – Responder Two (Right Arm side control) - "Sit BACK at the ready" = The person holding the right arm will unhook and remove brace, sit back on heals, and be ready to re-engage is re-escalation occurs.

6. COMMUNICATION - Responders Three and Four (Leg Control) - "Slide Rest" = If there is someone sitting on the legs they then move to the side and stay at the ready should the patient re-escalate.

COMMUNICATION - Full Response Team - "Station" = The full response team gets up as danger is no longer imminent. The patient can get up as safe self-control has been established and verified.

PHASE FOUR: RESPONSE TEAM HELPS THE PATIENT GET UP AND RESUME SELF-CONTROLLED COMMUNICATION

Key Points:

- The Response Team maintains efforts of reducing or preventing loud, rapid, adrenaline driven breathing.
- The Response Team maintains efforts of preventing loud, frustrating tones while communicating and giving commands to the patient.
- The Response Team focuses on the prevention of un-needed pressures on the patient during the containment process.
- The Response Team maintains continuous comfort and safety checks for patient during the containment process.

PHASE FOUR: RESPONSE TEAM HELPS THE PATIENT GET UP AND RESUME SELF-CONTROLLED COMMUNICATION

Safety Checks Include ALL of the Key Points and the Following:

- ☑ Is the staff person in the proper position?
  Are there any discomfort positions that can be alleviated?
- ☑ Responders One and Two have brace hands that are cupped to the ground and not between the patient and the ground?
- ☑ Responders One and Two are hooked, with weight leaning forward, on the upper arm of the patient and not on the patient's chest, back, or ribcage.
- ☑ Responders Three and Four are forward enough on the patient's legs as to not sit on the heels of the patient's feet.
- ☑ Responder Five is not holding or touching the patients head, neck, or back.

MODIFIED CLINICAL CONTAINMENT: FOUR PERSON RESPONSE TEAM

Four Person Response Team - Two Responders in Side Control, each supporting one of the patient's arms. Two Responders in Leg control, each supporting one of the patient's legs.

Responder Three is currently supporting both patient legs, it is determined that additional body mass is going to be needed to best keep this patient safe. The Fourth Responder does the following:

- Responder Four will kneel and place his or her inside knee to the base of the foot that he or she intends to secure.
- Responder Four will use his or her inside hand and hold firmly the heel of the patient on the side he or she intends to secure.
- After Responder Four secures the one leg of the patient, Responder Three will slide forward along the patient's legs and toward the knee.
- Responder Three does not yet transfer to single leg control.
- Responder Four will now use both hands to gain control of the leg he or she intends to secure, while sliding forward with the patient's leg in between the legs of Responder Four.
- Once Responder Four has the leg secure, responder three will now transfer to single leg control.
- Both Responder Three and Four, each in single leg control, will now slide outward and away from each other resulting in the patient's legs being slightly spread. If needed they brace off each other for stability.

MODIFIED CLINICAL CONTAINMENT: FOUR PERSON RESPONSE TEAM

Key Points:

- As Responder four secures the leg of the patient care must be taken to make sure that his or her head is not in the strike zone of a potential kick up from the patient.
- This process needs to be one of replacing the body mass of Responder Three with the smooth transition of mass from Responder Four.
- It is sometimes helpful to use the back of the patients pant leg to assist in the initiation of single leg control.

MODIFIED CLINICAL CONTAINMENT: FOUR PERSON RESPONSE TEAM

Four Person Response Team - Two Responders in Side Control, each supporting one of the patient's arms. Two Responders in Leg control, each supporting one of the patient's legs.