Individual Emergency Intervention Plan

Client Name: Click here to enter text.	Date: Click here to enter a date.
Age: Click here to enter text. DOB: Click here to enter a date.	Service Agency Name: Click here to enter text.
UCI: Click here to enter text.	Date of Admission: Click here to enter a date.
Service Coordinator Name: Click here to enter text.	Behavior Consultant: Click here to enter text.
Is the client conserved? ☐ **Yes** ☐ **No** If yes, Conservator Name:Click here to enter text.	Behavior Management Assistant (if applicable): Click here to enter text.

Emergency Intervention Plan

For behavior that poses an imminent risk of serious injury (bone fractures, lacerations, burns, severe hematoma etc.) to self or others, staff are trained and certified in crisis intervention procedures as outlined by Click here to enter text.. This Emergency Intervention Plan is based on the results of a functional behavior assessment and the use of less restrictive strategies to prevent the occurrence of behaviors that would necessitate these restrictive interventions through the behavior intervention plan dated Click or tap here to enter text.

I. Behavior that poses a risk of serious injury Click or tap here to enter text.

II. History of Trauma (description of any history of sexual or physical abuse, or other past experiences that is relevant to intervention procedures) Click or tap here to enter text.

III. History of Prior Interventions (description of the efforts to address this behavior and why the use of restrictive intervention(s) are warranted) Click or tap here to enter text.

IV. Restraint Risk Assessment
   a. Does the client have a history of being restrained? ☐ **Yes** ☐ **No** ☐ **Unsure**
   b. If yes, approximate date of most recent restraint: Click here to enter a date.
   c. Does the client have any of the following medical conditions that would place them at greater risk in the event of a physical restraint:
      -Obesity   ☐ **Yes** ☐ **No**
      -Pregnancy   ☐ **Yes** ☐ **No**
      -Heart Condition   ☐ **Yes** ☐ **No**
      -Respiratory Condition   ☐ **Yes** ☐ **No**
      - Substance use/abuse   ☐ **Yes** ☐ **No**
      - Excited/Agitated Delirium Syndrome   ☐ **Yes** ☐ **No**

   d. **Results:** Client **DOES** ☐   **DOES NOT** ☐ have a medical condition that would place him/her at risk of serious harm in the event that a restraint is performed.

V. Client/Conservator Advance Directive Regarding the Use of Restraint
   Based on the interview of client (*insert name*) and/or conservator (*insert name*) on (*date*), the following wishes were shared in relation to the use of de-escalation procedures including the use of restraint:

   *Procedures marked as "Yes" indicate procedures acceptable for use and procedures marked as "No" indicate procedures not acceptable to client and/or conservator:

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- Help me to take deep breaths and calm down ☐ **Yes** ☐ **No**
- Listen to me ☐ **Yes** ☐ **No**
- Leave me alone ☐ **Yes** ☐ **No**
- Take a walk with me ☐ **Yes** ☐ **No**
- Ask me to stop, sit down, etc. ☐ **Yes** ☐ **No**
- Call a friend/family/therapist etc. ☐ **Yes** ☐ **No**
- Take away any dangerous things from me ☐ **Yes** ☐ **No**
- Hold my arms and body to stop me from hurting myself or others ☐ **Yes** ☐ **No**
- Other: Click here to enter text.

VI. <u>Individual Emergency Intervention Plan Procedures</u>
Describe the use of any crisis de-escalation strategies and restrictive interventions such as the use of restraints or seclusion. Include behavioral criteria to indicate the need to use restrictive interventions, procedures for application, monitoring for safety and criterion for removal.
Click or tap here to enter text.

VII. <u>Post Restraint Procedures</u>
Describe behavioral characteristics that indicate a need to terminate the restrictive intervention, procedures for the removal of the restrictive intervention and any debriefing and reporting procedures including individuals/agencies involved.
Click or tap here to enter text.

_____   _____

Consultant Signature   **Date**

Click here to enter text.

Client/Conservator Consent

The plan as detailed above has been explained to me in understandable terms and I have been made aware of the potential risks and benefits associated with all procedures. I have had the opportunity to ask questions, and my signature below indicates my consent to this plan.

_____   _____

Client Signature   **Date**

_____   _____

Conservator Signature   **Date**