

Frequently Asked Questions For: Medical Practitioners & Nurse Practitioners Safety Plans

*This Frequently Asked Questions document is intended to support Medical Practitioners and Nurse Practitioners with answers to common questions related to Safety Plans. These FAQ's will be updated as needed and reposted in this section. Updates will be highlighted as *NEW.*

Q1. What is a Safety Plan?

A1. A Safety Plan is a written document designed to address situations where an individual's unsafe behaviour has the potential to harm themselves or those around them. The Safety Plan outlines the use of restricted practices for the purpose of preventing harm when critical and unsafe behaviours present (see Question 6 for more information about Restricted Practice).

Safety Plans describe the parameters for the use of a restricted practice and should identify the least intrusive approach available. Safety Plans can only be developed by a Behavioural Consultant and exist as an adjunct to the overarching Behaviour Support Plan (see Question 7 for more information about Behaviour Support Plans).

Safety Plans are not intended to be permanent and will be faded once the critical and unsafe behaviour is positively understood and addressed via other approaches.

Q2. Why does a medical practitioner or nurse practitioner need to provide written authorization for a Safety Plan?

A2. The authorization process is required to ensure that the individual has no known underlying health conditions to indicate the strategies identified in the Safety Plan would be unsafe for them (e.g. management of salient risks of impaired balance, gait, bone health, skin integrity, dysphagia, breathing difficulties, etc.); and that all known risks have been understood and balanced with the proposed benefit of using the restrictive practice identified in the Safety Plan. The medical practitioner or nurse practitioner can also identify when further assessment or evaluation of underlying medical issues is needed.

Q3. Is a medical practitioner or nurse practitioner's authorization required on all Safety Plans?

A3. No, this authorization is only required when the Safety Plan includes physical or mechanical restraints, as these carry the greatest risk to potentially harm or injure the individual.

Q4. Am I obliged to provide an authorizing signature if I have questions or concerns with the Safety Plan?

A4. No, you should not authorize a Safety Plan when you have concerns regarding the strategies proposed or about the individual having unmet physical or mental health needs. In these situations, please inform the Service Provider or Behavioural Consultant who contacted you of your questions or concerns, along with any recommendations you have for further steps that should occur to ensure the individual's health, safety, and wellbeing.

Q5. Who authorizes Safety Plans in addition to a medical practitioner or nurse practitioner?

A5. Additionally, Safety Plans are authorized in writing by:

- The Behavioural Consultant who developed the plan.
- The CLBC Integrated Service Manager.
- The Service Provider working with the individual, who will be implementing the plan.
- The individual for whom the plan was written or their substitute decision maker.

Q6. What are restricted practices?

A6. Restricted practices are techniques or strategies that limit an individual's rights, behaviour, or freedom of movement. They can only be used as a planned response to critical and unsafe behaviour when they are outlined in a Safety Plan and must be authorized prior to use.

Restricted Practices include:

Restraint: Use of physical, mechanical, environmental, or other means to temporarily subdue or limit an individual's right to freedom of movement.

- Physical restraint – use of physical force by one or more persons to prevent, restrict, or subdue the normal movement of any part of the individual's body.
- Mechanical restraint – use of a device to control an individual's movement.
- Environmental restraint – restriction of an individual's free access to all parts of their environment, including limiting access to places or items.

Restriction of Rights: This involves limiting or removing an individual's access to activities or actions that restrict an individual's autonomy, choices, and any action that impacts an individual's right to privacy.

Q7. What is a Behaviour Support Plan?

A7. A Behaviour Support Plan is an individualized, document that outlines proactive, responsive, and non-restrictive strategies that are developed to support an individual who presents with challenging behaviour. The behavioural interventions are designed to improve an individual's quality of life, are functionally based, and are integrated with person-centred planning. A Behaviour Support Plan outlines strategies that must be used prior to using the interventions in a Safety Plan.

Q8. Where can I get additional information from CLBC about Behaviour Support and Safety Planning?

A8. The CLBC *Behaviour Support and Safety Planning Policy* and the CLBC *Behaviour Support and Safety Planning: A Guide for Service Providers* is available on the CLBC's website: [Policies - Community Living BC](#).