

MESURES DE CONTRÔLE ET GESTION DES RISQUES EN CRDITED

2015-11-10

Martine Beaurivage, M.A., M.Sc
Coordonnatrice Jeunesse (0-25 ans) 1ère et
2ième ligne
Direction DI-TSA-DP

*Centre intégré
universitaire de santé
et de services sociaux
de l'Ouest-de-
l'île-de-Montréal*

Québec 

Plan de la présentation

1. Historique (CROM)
2. Nombre d'utilisateurs TC et TGC
3. Plan d'intervention multimodal (PIM)
4. Utilisation des mesures de contrôle
5. Contrat de mesures de contrôle
6. Gestion des risques
7. Conclusion et pistes futures

- Désinstitutionnalisation du Centre Gary-Taylor
- Soutien des experts spécialisés en TGC
- Introduction de l'approche multimodale
- Développement de l'équipe transdisciplinaire
- Rencontres de programmation
- Consolidation de l'expertise par l'implantation des composantes du guide de pratique en TGC (PIM)

Nombre d'usagers TGC et TC

Usagers avec un potentiel TGC: 201, dont 140 usagers en épisode TGC et 61 usagers en épisode TC en date du 1er avril 2015.

Mesures de contrôle – Sommaire annuel 2014-2015

	Services à l'enfance et à leur famille	Services aux adultes et à leur famille
<u>Nombre d'usagers</u>	15	32
Cessation de contrat(s)/usager	3	2
Nouvelle(s) demande(s)/usager	7	5
Nombre de mesures de contrôle par type		
Contention physique (CPI, TCI etc.)	18	28
Contention mécanique (gants, casque, veste, etc.)	8	25
<u>Isolement/porte barrée</u>	1	7
Nombre total de mesure (s)	27	60
Cessation de <u>mesure</u> (s)	11	3
Nouvelle(s) <u>mesures</u>(s)	14	12

Plan d'intervention multimodal (PIM)

- Analyse multimodale
- Hypothèses causales et globales
- Prévention active (grille de désescalade)
- Objectifs de réadaptation

ANALYSE MULTIMODALE (AM)

Usager(ère):

Date de naissance:

Nom de la personne qui a rempli le formulaire:

Date:

Comportement ciblé:

		Facteurs de vulnérabilité	Facteurs provoquants		Facteurs de renforcement		
		Caractéristiques de la personne ou de son environnement pouvant provoquer le risque d'avoir des comportements	Déclencheurs (Causes des comportements)	Contributeurs (augmente les risques des comportements)	Positif (+) (quelque chose a été ajouté)	Négatif (-) (quelque chose a été enlevé)	
CONTEXTE EXTERNE	Environnement physique (Architecture et dynamiques)	<input type="text"/>	<input type="text"/>	<input type="text"/>	COMPORTEMENT TC/TGC CIBLÉ	<input type="text"/>	<input type="text"/>
	Environnement social (interactions humaines)	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>
	Habitude et style de vie (Activités, routine, cédule)	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>
CONTEXTE INTERNE	Caractéristiques psychologiques (caractéristiques personnelles non pathologiques)	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>
	Habilités déficitaires (Manque d'habilités fonctionnelles)	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>
	Santé physique (Diagnostics et sensations physique)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	Santé mentale (Diagnostics (DSM) et symptômes documentés)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	Neuropsychiatrie (Diagnostics affectant le cerveau)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

Application protocol and / or De-escalation techniques for Joe

Level of Escalation	Interventions
<p>LEVEL 1</p> <ul style="list-style-type: none"> • He will ask to revise his schedule repeatedly • Joe makes repetitive requests that cannot be fulfilled at that time • Joe can also tear down the schedule or try to either re-arrange or negotiate activities. • Joe can stomp his foot, whine, pout, push his chin with his fist (this behaviour does not always indicate negative emotions), wet his face with water, pinch himself (on his pectorals), bang his elbows or chin • repetitive requests • if the person proposes other choices, he may initially accept and then not follow through. • If he's in the middle of a task, he may become inattentive, repeatedly stopping to ask about his schedule/request. • His facial expression may change; he can smile and try to take the requested object (e.g. bag of chips) from you. 	<ol style="list-style-type: none"> (1) Review Joe's schedule. Use a calm, firm, <u>quiet voice</u>. Don't give long explanations. Don't stand too close. (2) refer to the visual schedule to answer his questions (3) You can write what is upcoming, <u>1x</u> on his whiteboard. (4) Propose a puzzle, walk, or reassure him about going home (<u>only if he asks</u>) (5) If Joe is carrying his "blankie" leave it with him. (6) Never negotiate or change the activities on the schedule (7) Praise him for continuing his tasks. (8) <u>Encourage Joe to complete his deep breathing exercises in sets of 10 with staff</u>. Joe should be in a seated position. <p style="text-align: center;">Near LEVEL 2, it is recommended that tasks be completed with a <u>timer</u></p> <ol style="list-style-type: none"> (9) A puzzle (up to 200 pieces) can be introduced to provide an additional "easy" task (These puzzles need to change over time or they may themselves become a trigger.)
<p>LEVEL 2</p> <ul style="list-style-type: none"> • Joe continues to whine • He may request to go to the bathroom to wet his face • He may continue pushing his chin. He can get up and begin pacing or jumping up and down. • If he's doing a task, he may try to complete it too quickly. • He may pinch, scratch, push others, or destroy material. 	<ol style="list-style-type: none"> (1) Continue modeling and asking Joe to take deep breaths. PM: Joe should be redirected to his room. (2) Do not address Joe's behaviours of face wetting or pinching/pushing, ignore them. (3) Ask Joe: "<i>do you need your helmet?</i>" this may help decrease behaviours. Do not ask in an overly serious tone of voice. (4) Continue reassuring Joe about what is desirable and upcoming on his schedule.

<p>LEVEL 3</p> <ul style="list-style-type: none"> • <u>Insistent</u> repetitive requests and whining continue. • Joe may tap his head with his hand. • He is unable to focus on the task/activity at hand. • He may pinch, scratch, push others, or destroy material. • Joe continues to hit his head on the wall or hits his head harder on the wall. 	<p>(1) Ignore Joe's light head tapping with his hand.</p> <p>(2) If the head hitting lightly on the wall or with Joe's hand on his head does not stop when asked if he wants his helmet (he usually will say, "No" and stop), put the helmet directly on his head and take a few steps away. Don't give Joe the helmet or he will bang his head on it.</p> <p>(3) Joe wears the helmet for 10 minutes with a timer. This may be repeated as necessary.</p>
<p>LEVEL 4</p> <ul style="list-style-type: none"> • He may escalate to trying to escape, urinate, defecate himself • Joe bangs his head against a wall or another hard object while looking at the intervener. He may bang softly at first, look around for a reaction, and then increase the intensity if his request is still not fulfilled. • Joe may try to hit, scratch, and pinch teachers or other staff. 	<p>(1) If Joe continues to injure himself or others and his safety or that of others is at risk, a CPI transport or, if necessary, the Team Control Position may be applied if necessary by <u>two trained staff</u>. If Joe flops to the floor during the Team Control Position, while he is already on the floor, the TCI-2 man position can be used by <u>two trained staff</u>. Please place the approved mat for his head under his head in case he bangs his head.</p>
<p>AFTER THE CRISIS IS OVER – DEBRIEF WITH THE CLIENT.</p>	<p>Talk to Joe about what happened. Praise him for the strategies he used. Tell him that you do not want him to hit his head. Focus on what you want him to do and what makes others happy. End on a good note. Keep your words simple.</p>

Utilisation des mesures de contrôle (planifiées)

- Politique sur l'utilisation minimale des mesures de contrôle
- L'utilisation d'une mesure de contrôle est discutée en programmation.
- Un protocole doit être rédigé par le professionnel qui recommande la mesure.
- Le professionnel s'assure que les personnes qui appliquent la mesure reçoivent le coaching et la formation nécessaire.

Contrat de mesures de contrôle (planifiées) (contenu)

- Identification de l'utilisateur
- Date des prochaines révisions
- Validité des recommandations et du consentement
- Définition du comportement ciblé
- Analyse multimodale
- Stratégies d'intervention
- Grille de désescalade
- Application de la mesure de contrôle
- Consentements

SURVEILLANCE CHART- DAILY REGISTRY

CONTROL MEASURE: RESTRAINT OR ISOLATION (in accordance with the application protocol)

SECTION A

USER NAME:	DATE OF BIRTH :	INTERVENANT PIVOT :
RESTRAINT <input checked="" type="checkbox"/> physical (specify measure, see codes page 2) TCI Team Prone _____ <input type="checkbox"/> mechanical (specify measure, see page 2) _____ <input type="checkbox"/> chemical (specify measure, see codes page 2) _____ <input type="checkbox"/> isolation (specify measure) _____		
SURVEILLANCE (specify codes 1 to 12 – see Section B): 1,2,3,4,9,10,11,12		SURVEILLANCE FREQUENCY (how often we need to verify the measure) _____
LOCATION (indicate where the control measure was applied- if more than more location please specify): _____		

SECTION B

MONTH: _____

YEAR: _____

Date that the measure is applied:	Day	Time	Day	Time	Day	Time	Day	Time	Day	Time	Day	Time	Day	Time	Day	Time	Day	Time	
Time of Application of the measure																			
Time of surveillance (when do you verify the measure)																			
Time of Removal of the measure																			
Total time of application																			
Codes and initials	<i>Indicate the appropriate codes below (see legend on page 2), the lines not used can be deleted</i>																		
1. Danger explaining application																			
2. Measure applied																			
3. Re-evaluation of the user's behaviour																			
4. Integrity of the skin at the site of the application																			
9. Verification of physical signs and discomfort																			
10. Medication																			
11. Vital signs																			
12. Initials																			

SECTION C

Name (printed)	Initials	Name (printed)	Initials	Name (printed)	Initials

GESTION DES RISQUES

- Politique de déclaration des incidents/accidents
- Révision des déclarations impliquant l'utilisation des mesures de contrôle planifiées et non planifiées
- Registre des mesures de contrôle et suivi
- Consentement et révision chaque 3 mois (PI)
- Données inscrites dans Gesrisk et SIPAD
- Comité permanent sur les mesures de contrôle (aux 6 semaines)
- Comité intégré de gestion des risques

Conclusion et pistes futures

- Le PIM pour chacun des usagers permet d'améliorer les interventions
- Formation continue
- Maintien de l'imputabilité interne de l'installation CROM
- Importance de maintenir la rigueur et la gestion des risques
- Transfert des bonnes pratiques au sein des autres installations du CIUSSS

MERCI

**Centre intégré
universitaire de santé
et de services sociaux
de l'Ouest-de-
l'Île-de-Montréal**

Québec 