

[Eric MacDonald]– GREEN, AMBER & RED STATES

How Eric presents when calm	What you can do	How Eric presents when his anxiety is escalating	What you can do	How Eric presents when in an anxious state	What you can do (additional to strategies in Amber)
<ul style="list-style-type: none"> • Eric enjoys pasting items to his walls for short periods of time (too much time doing this can make Eric anxious). • Eric will smile and laugh. • Eric enjoys music and sensory lights. • Eric will approach staff for interaction and will move into staff's personal space. • Eric will touch staff's faces and interact with vocalisations (whistles, chirping and other repetitive stereotypic sounds). • Eric likes to go for drives in the car. • Eric likes to experience structure and predictability. • Eric will sometimes enjoy a short period of time on his own. • Eric likes to go outside into the garden. 	<ul style="list-style-type: none"> • Follow Eric's person specific guidelines and familiarise yourself with Eric's PBS, care plan & communication passport. • Ensure Eric is supported to have food and drink throughout the day according to his schedules. • Ensure a consistent staff approach which adheres to the care plan. Ensure Eric is provided with his 'favourite' activities (i.e. pasting) for short and regular periods of time to prevent overload. • Use social stories to communicate unfamiliar events. • Staff should ensure that 1 person is taking the lead to minimise the risk of communication overload. • Staff should engage in Intensive Interaction throughout the day (at least 3x per day, once morning, afternoon and evening). • Staff should regularly praise Eric for coping with change or waiting. • Staff should communicate verbally (as per SLT) 	<ul style="list-style-type: none"> • Eric may make noises of increasingly high pitch. • Eric may increase the pace and frequency of pacing. • Eric may sound as though he is inhaling forcefully. • Eric may run towards staff with his hands up. • Eric may eat inedible objects. • Eric may swipe items off of the table. • Eric may poke his own eye with his finger or his knuckle. • Eric may hit his forehead with the top of his arm. • Eric may forcefully jump up and down. • Eric may hit himself on the legs. • Eric may appear pale. • Eric may appear to frown. 	<ul style="list-style-type: none"> • Try to identify what Eric may be trying to communicate this and resolve where possible. • If Eric makes a request then this should not be ignored – rather he should be instructed to wait or given a time when he can have it. • If Eric is in a communal area, encourage him back to the car or to his house for a period of 5 minutes in a low arousal environment. • If Eric remains in a heightened state consider ending the activity. If this happens staff should ensure they offer an alternative activity of equal value. • Staff should remain positive, use a calm and low arousal approach and use clear and concise language. • Ensure that only one member of staff communicates with 	<ul style="list-style-type: none"> • Eric may pinch staff on sides and under arms. • Eric may bite staff on upper arm • Eric may headbutt staff from either the front or the back. • Eric may abscond (usually in response to seeing coca cola) • Eric may headbutt the wall/mirror. • Eric may hit the headboard with a closed fist. • Eric will verbally threaten to kick people. • Eric will kick other individuals (staff or service users). • Eric will attempt to scratch people <p>This could be triggered by:</p> <ul style="list-style-type: none"> • Pain (IBS or Dental Pain) • Refused access to certain areas (where he thinks there might be journals/catalogues/food) 	<ul style="list-style-type: none"> • Staff should continue to try to identify what Eric may be trying to communicate and if possible provide his needs. • Staff should ensure they are wearing Personal Protective Equipment. • Staff should ensure that they are not blocking the exits and that there is a minimum of two arms distance between themselves and Eric when at all possible • If at home, allow Eric 10 minutes on his own. Do not leave Eric's flat unless absolutely necessary. • Minimise language - do not overload Eric with multiple instructions. Minimise verbal interaction between staff where possible. • If you cannot remove yourself maintain a safe space, adopt PROACT SCIPr-UK® Protective Stance and ensure you have your back to the exits.

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<ul style="list-style-type: none"> • Eric enjoys the company of his family. • Eric enjoys Intensive Interaction. • Eric will pace or engage in repetitive behaviours WITHOUT an increase in frequency or intensity. 	<p>recommendations) and give additional pictures, symbols or signs.</p> <ul style="list-style-type: none"> • Eric enjoys activities both in the house and in the community. A variety of activities should be provided with a detailed and frequently updated activities plan. Ensure that these incidents are recorded within the logbook. • Staff should not have fizzy drinks whilst supporting Eric. 	<ul style="list-style-type: none"> • Eric will reduce eye contact. <p>This could be triggered by:</p> <ul style="list-style-type: none"> • Being in pain or ill (IBS or Dental Pain) • A change in routine or in the environment. • New people in the environment • Overly crowded environments. • Boredom or inactivity. • Certain times of day (It is felt there is an increase in behaviours in the early afternoon). • Doors being closed in communal areas • The introduction of a new task without preparation. • Unfamiliar/intolerable textures in food. 	<p>Eric and other services users are not in close proximity. <i>If not possible to redirect Eric then redirect other service users to another activity/area of the house – this should be done in a positive way i.e. 'let's go and get a cup of tea'.</i></p> <ul style="list-style-type: none"> • Staff should consider where they are standing and be mindful to not block available exits • If Eric remains anxious for a period of 30 minutes consult with a manager regarding the use of PRN Medication. 	<ul style="list-style-type: none"> • Refused certain activities such as snacks, Drinks, and pages • Unfamiliar staff placing demands on him • Being interrupted whilst pasting pages • Changes to established routines (morning/Evening and snack time routines) • Night staff being on during the day or vice versa. • Requests not being responded to. • Seeing Coca-Cola 	<ul style="list-style-type: none"> • If Eric begins to self-harm and this is more than a 'one off' incident then staff should use 'Named Physical Intervention' to bring Eric to a low arousal environment (either his flat or the Bus). • If Eric continues to try and display physical behaviours towards himself or others then staff should use 'Named Physical Intervention' to attempt to support him to calm down.
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Staff MUST document all use of physical interventions on an incident report form which must also be uploaded onto corporate governance