

## CEDAR NORTH/CEDAR SOUTH STAFF MEETING SUMMARY

**Subject:** CN/CS Staff Meeting

**Date:** June 5, 2024

New Staff: Welcome Amy Wheeler to Cedar North and Cedar South

### **Inservices:**

- ❖ **Safety/Health Review – Rachel talked with a County Commissioner and it sounds like there will be flashing lights put up on the highway coming into Argyle on the north and south ends, cautioning drivers to slow down to 30mph.**
  - ALL staff are to wear gloves when providing cares to individuals (toileting, brushing teeth, showering, bedbath, etc)
  - Jeff Anderson will be putting up a permanent full wall and a door with a coded lock on the stairwell on CN.
  
- ❖ **Emergency Procedures – June – Blocked Exit Fire Drill (east door to large deck)  
(CS- Rachel, CN -Lori)**
  
- ❖ **EE Policy Book: 6.0 General Policies (located on Star Services and Sharepoint)**
  
- ❖ **Program Policies: Behavior Intervention and Reporting (see attached form)**
  
- ❖ **Star Services presented a training on Emergency Use of Manual Restraints and De-escalation Techniques**
  
- ❖ **Nursing Inservice (Henrietta): Reviewed EUMR blocks and holds (see attached)**

### **Kristal Information:**

**Cindy G** - Cindy will be changing roles at MCGH come November. Cindy would like to work towards retirement and therefore will be stepping away from Resident Program Supervisor for Cedar North and Cedar South clients. We are fortunate enough to have her stay on part-time and take over supervising our In-Home program. As we work towards these changes, we will keep you all updated. We have begun to advertise this position. Current employees can apply however it is not a guarantee we will fill this position with a current employee.

**Payroll** - Weekend time clock punches are becoming an issue more and more each payroll. We need to get better at this. Effective immediately-I will no longer fix weekend punches that are missing without a message asking to do so. Some of you are not paying attention to your punch and just clicking which is making a mess. You then do not verify your time sheet and are often missing shifts.

**It is a MUST that all staff check over their time sheet the last shift they work before payroll.** Going forward I will not enter missing shifts **unless I receive a message.** This could affect your pay, if you do not submit for a correction by **10am on the Monday of Payroll** you will wait until next payroll. This will then cost the company a large amount of money to have Amy open the previous payroll and recalculate your wages. This will then affect any raise you receive in the future.

Payroll is becoming very careless and taking up a lot more of my time. I am already giving up hours on Sundays at home to complete payroll on time due to numerous interruptions on Mondays causing me to not get it done at the office. If I do not get my part done, then Amy is behind which then means we run a risk of being paid late.

## Take the time to check things over. It's your responsibility!

**After hours/weekend communication** - There is a lot of communication happening after hours and weekends that can be sent as an email/SCOMM or voice message to the office.

Please take a minute and think before you text or call the on-call person or one of us in the office after hours. There are many nights where texts and calls are constant, and it all could have waited until the next business day. Also be respectful of the time of day/night you are texting and or calling. Some of you send messages in the middle of the night and there is no urgency to them. This is disrespectful.

**On-Call and after hours should only be EMERGENCY purposes related to clients or staff.**

### Meeting Review:

**June Calendar Reviewed:** Please let Cindy know if you have days you cannot work by the 15<sup>th</sup> of the month prior. Thank you for working together to fill shifts. (see attached June Schedules)

#### A. House Concerns:

- Documentation – staff must document everything that happens in the home; we can't say "Pretend that didn't happen." Or "Just don't document that." - that is fraud.

### CN Individual Reports:

#### • Dylan: DIET – REGULAR DIET- WEIGHT – 180.4 (-0.1)

He prepared Argyle Grocers ad coupons on Thursdays 2,9,16 and 23<sup>rd</sup>. He delivered meals on Tues, Thurs and Fridays. He had supper at The Dell on the 3<sup>rd</sup> and 23<sup>rd</sup>. Dylan had a haircut and went out for lunch with his mom on the 6<sup>th</sup>. He participated in Bible study on the 28<sup>th</sup>. He played piano at NVHC on the 16<sup>th</sup> and the 30<sup>th</sup>. On the 10<sup>th</sup>, we went to Biff's Kitchen in TRF and looked at furniture. Dylan also played piano at North Star Manor. He has been in good health this past month. Henrietta is concerned about his blood pressure so RPS will contact his parents to ask if they want him to be seen by his PCP or another physician. There is a possibility that he will be attending the Warren ODC Mon-Thurs.

- Outcome: Choose a community site to do volunteer work with at least 1x/week.

#### • Jean: DIET – DIABETIC DIET, 1/2C SERVING PORTIONS, SOFT FOODS, MEATS CUT INTO SMALL BITES -WEIGHT 154.1 (+0.6)

She continues to have music therapy on Wednesdays. On the 9<sup>th</sup> she had a haircut. Jean participated in Bible study on the 14<sup>th</sup> and the 18<sup>th</sup>. She had an appt on the 2<sup>nd</sup> with Amber Deere at the Cavalier Clinic; lunch in Grafton at Granny's Café following her appt. May 3<sup>rd</sup> and the 23<sup>rd</sup> she had supper at The Dell. She got massages on the 7<sup>th</sup> and 21<sup>st</sup>. On May 10<sup>th</sup> she went for lunch at Biff's Kitchen in Thief River Falls. On May 13<sup>th</sup> her sister and niece came and got her for lunch in Warren. She helped the staff plant flowers on the 17<sup>th</sup> in her raised garden bed. On May 27<sup>th</sup>, she went to the school for the Memorial Day Program and reported that she really enjoyed the program and in the evening her sister came to visit. She was diagnosed with a UTI on the 31<sup>st</sup> and is on antibiotics for 5 days. **IMPORTANT** – every time Jean is turned in her bed, her catheter bag **MUST** be moved to the side she is facing in bed to prevent her urine from backing up in the tubing (causing infections). Any time staff are unable to administer a medication you need to document the reason why in her MARS; otherwise, it looks like the medication was forgotten to be administered.

**OT/PT Exercise Program: PROM lower extremities BID; swallow/tongue exercises assigned by SLP; body massage EOW, propel own wheelchair daily.**

- Outcomes: 1. Have her hometown newspaper read to her weekly.  
2. Jean will assist with meal preparation 1x/week.

- Hailey: DIET – REGULAR DIET - WEIGHT: 154.0 (-1.1)  
 She goes to therapy in Grand Forks on Tuesdays and Thursdays. She went three times in May. Her parents plan to take her to most of these play therapy appts but CN will need to take her a few times. On the 3<sup>rd</sup> and 23<sup>rd</sup> she ate supper at The Dell with her housemates. On May 6<sup>th</sup> she went to the Columbia Mall and out for ice cream. May 8<sup>th</sup>, she had Special Olympics at TRF and after school she went to get her new glasses. She went home May 12<sup>th</sup> for Mother's Day. On May 13<sup>th</sup> and 20<sup>th</sup>, she had horse therapy and will be going on Mondays for summer. She went home from the 18<sup>th</sup> until 19<sup>th</sup> for graduation for her sister at church. From May 23<sup>rd</sup> until May 26, she went home for sister's graduation. School was out on the 24<sup>th</sup>. On May 27<sup>th</sup> she went to the Memorial Program at Argyle school. On May 28<sup>th</sup> she participated in Bible study. She had therapy in gf on the 30<sup>th</sup> and went out for lunch at Red Pepper. She also went on the 31<sup>st</sup> to dance in Grand Forks. Hailey is encouraged to walk to the end of driveway 2x morning, afternoon and evening.
  - Outcome: Weekly, Hailey will explore new leisure activities so she can identify interests she enjoys and can do during her free time.
  
- Sandra: DIET – TO HAVE 2-3 CARB CHOICES AT EACH MEAL; SNACKS ARE TO BE 1 CARB – WEIGHT: 175.9 (+9)  
 She continues to work independently at Builders Supply in Stephen (every other Wed) and Argyle on Wed and Fridays. On May 3<sup>rd</sup> and 23<sup>rd</sup> she ate supper at The Dell with her housemates. On May 7<sup>th</sup>, she had an appt with Nicole Hylden Oncology. May 9<sup>th</sup> appointment with Dr. Wu. On May 11, she went for lunch with daughter for Mother's Day. On May 14<sup>th</sup>, she went to see her son in Crookston. On May 18<sup>th</sup>, she went to a rummage sale at Argyle Legion. On May 25<sup>th</sup>, she went with staff to a Graduation Party in Alvarado for a former housemate of hers. She continues to go to church on Sundays on her own. She went to Bible study on the 14<sup>th</sup> and 28<sup>th</sup>. May 27<sup>th</sup>, she went to the Memorial Program at the Argyle school. On May 29<sup>th</sup> she went to the library and Dollar General for a gift for granddaughter. May 31<sup>st</sup>, she went to dance in Grand Forks.
 

Outcomes: 1. To participate in at least 2 dances/month at LISTEN Center in Grand Forks

2. Sandra will prepare and cook a meal for herself 2 times per week

## CS Individual Reports:

- ❖ Gary: DIET - REGULAR DIET 1/2C SERVING PORTIONS WEIGHT: 164.3 (-0.5)  
 Gary returned to ODC on May 2<sup>nd</sup>. He was back to his old self. On May 2<sup>nd</sup> Dr. Baig was contacted and he called in an order for Colestipol TID and Culturelle daily. He is scheduled for an Endoscopy in July but at this time the family is still undecided as to whether or not they will allow it. His sister calls often to check how he is doing. He has had visits from family several times. May 6<sup>th</sup> when he returned from ODC he told staff that the ODC staff were nice to him that day. He sent flowers to his mom and sister for Mother's Day, his brother brought Mom down to see Gary the day before Mother's Day. She was so happy to see him and he actually talked with her while they had a snack. May 16<sup>th</sup> his sister and brother-in-law picked him up at ODC and took him out for lunch at the restaurant. On his "days off" it is ok for staff to wake him up at 7am, toilet him and give him meds and then let him go back to bed for a while. He had a dental appointment and everything was good, no cavities. Gary gets very irritated when his housemate has severe behaviors. He gets a scowl on his face and sits and hits on the arm of his chair.
 

**OT/PT Exercise Program: PROM to lower extremities x2/day; PROM upper extremities x1/day; walking three times/day w/ gait belt if able to walk more please do, he like to use his walker; upper extremities peddle bike 5-10 minutes daily.**

  - Outcomes: 1. Gary will correspond with family and friends by him making phone calls or mail monthly, with staff assistance.
  - 2. Once a month Gary will participate in a community outing by choosing a

restaurant to eat at, with verbal prompting from staff.

- Diane: DIET – MECHANICAL SOFT, ALL MEATS PUREED, NO SERVING PORTION CONTROL; ASSIST OF 1 AT ALL TIMES WHEN WALKING WITH FRONT-WHEELED WALKER; ASSIST OF 1 FOR TRANSFERS WEIGHT: 117.6 (-2.6)

Diane is doing well with her walker most of the time. Staff has been having her use it when going outside and then transferring her to an outside chair. During the day she is content sitting in the dining room with Rachel but prefers to sit in the living room in the evenings with the other clients. She likes to sit in the brown recliner, be sure to put a chair pad down. She tends to wake up often when she is repositioned during the night. If she appears tired in the afternoon it is OK to lay her down for a nap, even if she doesn't fall asleep she will at least be stretching out and resting. Her ISP Goal for the summer is to sit outside daily, weather permitting. She has needed redirection quite often during meals to chew and swallow her food before putting more in her mouth. She still enjoys her table activities, but does not like change. She enjoys doing the same activity daily. She had her intake meeting at the EGF DAC on Thursday May 30<sup>th</sup>. She enjoyed the attention of it being "all about Diane", but she did seem a bit overwhelmed with all the people saying Hi to her.

**OT/PT Exercise Program: ambulating at handrail for 25' with assist of 1; foot/ankle exercises in am; upper extremity peddle bike 5-10 minutes daily; ROM to lower extremities 3x/day; sit to stand exercises for 30 second durations**

- Outcomes: 1. Diane will participate in community outings that focus on her leisure interests in music and movies, x2/month.
- 2. Diane will spend time outdoors by sitting outside with staff during warm weather months.

- Vinette: DIET – SOFT FOODS, MEAT CUT INTO SMALL PIECES, NECTAR-THICK LIQUIDS, 1/2C PORTIONS -WEIGHT 174.4 (-2.0)She has a scale that is kept in her room.

Vinette has new cares to be done to her fingers. She is to soak her hands in warm soapy water Tues, Thur, Sat and then apply tea tree oil to her nails and then push back her cuticles. The other days she is to have tea tree oil applied and rubbed into her nails. When she returns home she should take off her wrist band and let her arm air out, just give her a rag to wipe her mouth. She attended the CDA luncheon and she won a prize, she is getting lots of compliments on how nice she looks at church. She has enjoyed being back outside where she can listen to the birds and watch them eat, occasionally she gets a glimpse of our bunny. She has been to the LISTEN Center Dance in Grand Forks, the first time it was closed so staff took her to McDonalds and the DQ. The second time she attended the dance where she saw someone from Argyle that she knew. She danced a few dances and won a door prize. She has a new shelf above her closet for all of her trinkets to sit on. She has asked the DCC and DCA when she can have a shopping day with them, this will be arranged so she can have a "Vinette" day. She was bothered by a housemate's behaviors and began picking at her fingers again, it subsided. This past weekend she told staff "She keeps hollering, I don't like that". She has been concerned about staff on CN and was glad when she returned to work. She went to a housemate's graduation party with staff. Vinette went with staff to get some flowers and then she helped to plant and water them.

**OT/PT Exercise Program: Neck massage daily, exercise program BID, ride exercise bike, oral exercises daily, walking program daily w/ counting wooden pieces to track; finger board (located on living room wall) once daily; upper extremities peddle bike and pulley system.**

- Outcomes: 1. Vinette will attend church services or watch church services on television twice a month
- 2. Each weekday (M-F), Vinette will put her lunch items into her lunchbox, with verbal prompts from staff.

- Corrie: DIET – MECHANICAL SOFT, ABLE TO EAT FINGER FOODS, NEEDS ASSISTANCE WITH ALL OTHER FOODS, NO PORTION CONTROL - WEIGHT: 101.9

(+1.7)

Corrie went home April 28<sup>th</sup> until May 1<sup>st</sup>. While at home he had a BM everyday without a suppository being administered. Nurse was called and she ordered for staff to continue to follow his suppository schedule in the MARS. He has been sleeping very good. He has called to hear his Aunt's voice several times as this calms him down when he starts to get homesick. He went home May 13 and returned the 14<sup>th</sup>. When he returned to CS it was charted that he had a sun burn on his head and face and he was extremely thirsty. Staff applied aloe to his head and face and it began to look better the next day. He saw Dr Murphy for his followup from the Botox injections. Dr Murphy ordered for Corrie to be walked twice a day at least 30 steps each time, also he is to have his hamstring muscles stretched twice a day. There is a picture in his MARS T-logs that shows how to do this. He has gotten some new clothes, a new blanket and two new pair of "Billy" shoes that are specifically made for people who wear braces. They fit him really nice and are very easy to put on him. He has a pair of Tennis shoes and a pair of Sandals. He will be having an intake meeting at the EGF DAC on Thursday, June 6<sup>th</sup>.

- Outcomes: 1. Corrie will spend time in the community, x1/month, watching community members engaged in activities (walking, shopping, playing, visiting, etc)
- 2. One time per month, Corrie will eat at a restaurant, with staff assistance.

• Samantha: DIET – REGULAR 1/2C PORTIONS WEIGHT – 168.8 (-2.0)

Sam was at CS May 10-12. She had several behaviors: on Friday she grabbed another consumer and swore at him; late in the afternoon on Saturday she was fixated on Weird Barbie, screaming and yelling, she bit one staff when they were putting her PRN inside her cheek (mother stated that they hand Sam the PRN and she chews it – so that is how CS may administer it too) and hit the other. She was given her PRN and it took her quite a while to calm down. Per Mom, staff has been advised to give her the PRN as soon as she begins to swear and/or fixate on Weird Barbie, talk loudly, starts talking to herself. If her behaviors include her Weird Barbie it is OK for staff to ask if "Barbie needs a nap, lets hang her dress in the closet and put her wig on the shelf?" If Sam is agreeable to this, then she can put the items in her closet with staff assistance. Sam arrived on Thursday May 30 at 8am. At 10 am staff had to give her the PRN med and again at 9:30pm. On Friday she had to be given the PRN at 10 am and again at 7pm. Saturday she had the PRN at 3 pm. On Sunday, Sam had a good day, without any behaviors. And she had a good day on Monday as well. Her CS Residential Intake Meeting was on Monday, 6/3/24 with plans for her to move in on Monday, 6/10/24. When attempting to redirect Sam, give her choices (would you like to sit outside to help calm you down or would you like to work on a puzzle?) Focus on the amazing things she can do rather than the negative.

***Meeting Minutes, Policies and Trainings to be acknowledged in Star Services by each staff member.***

***The next monthly staff meeting will be held Wednesday, July 10th at 8:45am.***

**STAFF MEMBERS PRESENT:**

<b>Name:</b>	<b>Position:</b>	<b>Name:</b>	<b>Position:</b>
Kristal Walen	Administrator	Destiny Lopez	exc DCS
Cindy Gratzek	RPS	Helen Gilster	DCS
Henrietta Linder	RN	Laura Kostrzewski	DCS
JoAnn Saunders	LPN	Kathleen (Rose) Juenke	DCS
Carol Urbaniak	DCC	Lori Weber	exc DCS
Rachel Lopez	DCC	Marilyn Huderle	DCS
Kim Kostrzewski	DCA	Jennifer Yutrzeuka	DCS
Patsy Whitlow	DCA	Margaret Deschene	DCS
Joy Edgar	ONP	Darla Groff	exc DCS
Angela Wick	ONP	Karjmella Williams	exc DCS
Liz Anderson	DCS	Sara Bring	DCS
Cheryl Lubarski	exc DCS	Amy Wheeler	exc DCS

**Authorized By:** Cindy Gratzek, RPS



**Marshall County**  
Group Homes, Inc.

## BEHAVIOR REPORT FORM

Consumer Name: _____	Program: <u>CN CS M R IHS</u>	Date: _____
Time of Incident: _____	Length of Time Involved: _____	Recovery Time: _____
List Names of persons involved: _____		
If not a resident, list address, phone number and reason for being in home: _____		

Type of Behavior (check one or more)	Type of action/procedure (check one or more)
<input type="checkbox"/> Consumer behavior incident	<input type="checkbox"/> First aid required
<input type="checkbox"/> Consumer to Consumer verbal abuse/intimidation	<input type="checkbox"/> Medical care of a doctor required
<input type="checkbox"/> Consumer to staff aggression	<input type="checkbox"/> Property Damage
<input type="checkbox"/> Consumer to consumer physical aggression	<input type="checkbox"/> Controlled procedure required
<input type="checkbox"/> Self-Injurious behavior	<input type="checkbox"/> EUMR
<input type="checkbox"/> Sexual contact	
<input type="checkbox"/> Other (specify) _____	

**DESCRIPTION OF EVENT:** *(use back of page if needed):*

What was the consumer doing when the incident occurred?

\_\_\_\_\_

\_\_\_\_\_

What seemed to precipitate or build up to the incident? \_\_\_\_\_

\_\_\_\_\_

Describe incident - What staff intervention was tried before incident occurred.

\_\_\_\_\_

\_\_\_\_\_

What were the undesirable behaviors displayed? \_\_\_\_\_

\_\_\_\_\_

Has this particular behavior reaction occurred with this consumer previously?  Yes  No (if yes date: \_\_\_\_\_)

Were there physical injuries or property damage? Explain Nature and extent of injuries: \_\_\_\_\_

\_\_\_\_\_

Description of procedures/action taken by staff: \_\_\_\_\_



## BEHAVIOR REPORT FORM

Were staff actions effective in controlling behavior? Results of action taken \_\_\_\_\_

Recommendation in preventing similar occurrence or behaviors: \_\_\_\_\_

Able to return to activity following the incident? \_\_\_ Yes \_\_\_ No (if no Explain why?) \_\_\_\_\_

Name of person administering first aid/medical care: \_\_\_\_\_

Reported by: \_\_\_\_\_ Title: \_\_\_\_\_

\_\_\_\_\_ Date original copy sent to office

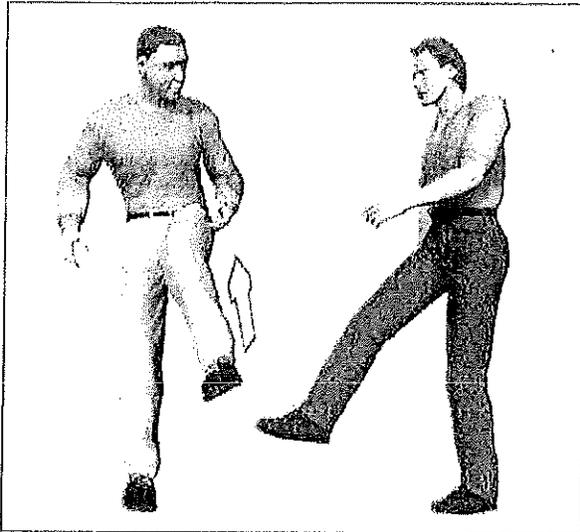
RPS will send copies to: (enter date copy sent as well as if phone call was made)

_____ Program home	_____ Case Manger	_____ Legal Guardian	_____ Consumer Family
_____ Other (Specify) _____			

**\*(If the action taken for a consumer is a controlled procedure or emergency use of manual restraint additional forms are Required \*See Emergency Use of Manual Restraints Policy\*).**

# Caution

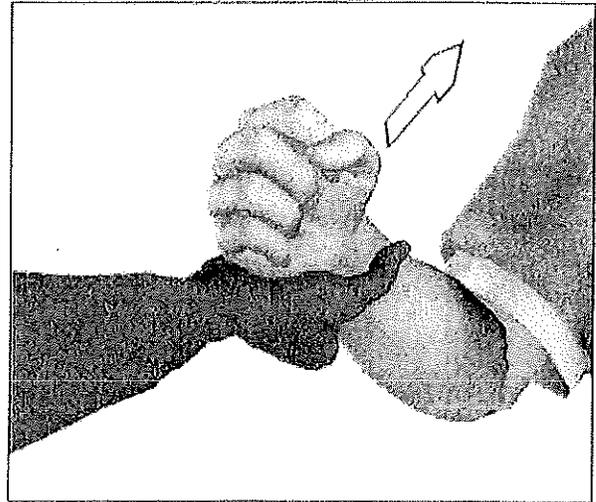
These Classroom Models should be learned and practiced only under the supervision of a Certified Instructor of the *Nonviolent Crisis Intervention* training program. Attempting to learn the techniques from the diagrams may result in injury.



### **cpi** KICK BLOCK

In any strike situation, you can remove the target or deflect the weapon by placing an object between the weapon and the target. The act of blocking or shielding is based on your natural response—a primal reflex to protect yourself from a strike. In this example, the bottom of the staff member's foot is used to shield or block the oncoming kick.

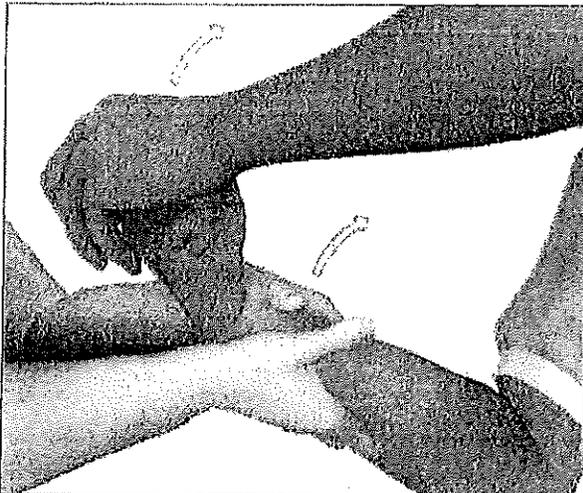
Attempt to move out of the way to maintain safety.



### **cpi** ONE-HAND WRIST GRAB RELEASE

Gain a physiological advantage by using leverage and momentum to pull away from the weak area of the wrist grab (between the thumb and four fingers). You can increase your momentum and leverage by maintaining a balanced stance and using your body position to enhance your physiological advantage. At the same time, you can gain a psychological advantage by using a verbal distraction or an element of surprise.

Release and attempt to move out of the way to maintain safety.



### **cpi** TWO-HAND WRIST GRAB RELEASE

Gain a physiological advantage by using leverage and momentum to pull away from the weak area of the wrist grab (between the thumb and four fingers). You can increase your momentum and leverage by using your free hand to assist in pulling away from the grab, maintaining a balanced stance and using your body position to enhance your physiological advantage. At the same time, you can gain a psychological advantage by using a verbal distraction or an element of surprise.

Release and attempt to move out of the way to maintain safety.



### **cpi** ONE-HAND HAIR PULL RELEASE

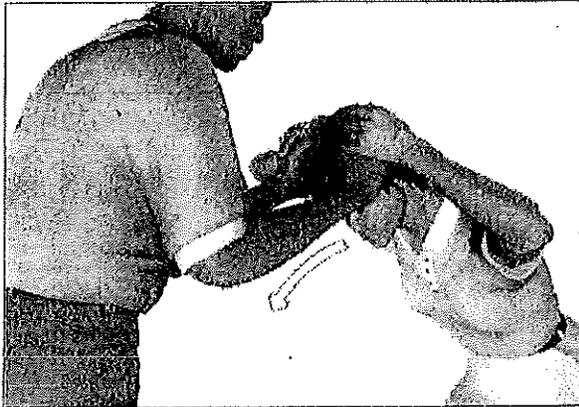
Immobilize this grab by securing the person's hand to your head. By using one or both of your hands to immobilize the person's hand, you can prevent further grabbing of hair and minimize injury. Move your head toward the person, leveraging the arm position to a 45-degree angle. The grip of the hair pull is levered backward, reducing the strength of the grip and opening up the weak point of the grab at the fingers. At the same time, you can gain a psychological advantage by using a verbal distraction or an element of surprise.

As your hair is released, attempt to move out of the way to maintain safety.



# Caution

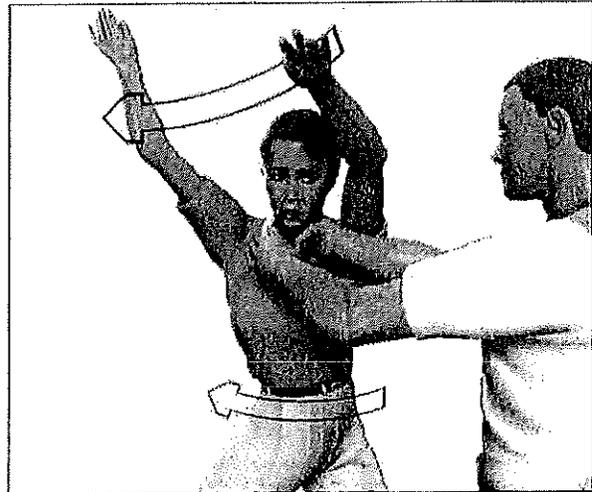
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### **cpi** TWO-HAND HAIR PULL RELEASE

Use both of your hands to immobilize the person's hands on your head. By securing the hands to your head, you can prevent further grabbing of hair and minimize injury. Move your head toward the person, leveraging the arm position to a 45-degree angle. The grip of the hair pull is levered backward, reducing the strength of the grip and opening up the weak point of the grab at the fingers. At the same time, you can gain a psychological advantage by using a verbal distraction or an element of surprise.

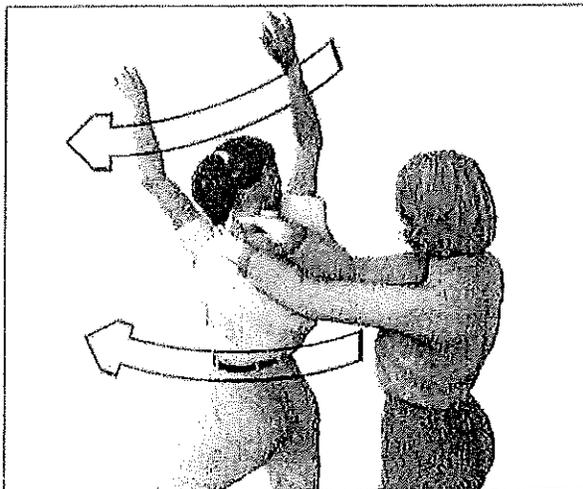
As your hair is released, attempt to move out of the way to maintain safety.



### **cpi** FRONT CHOKE RELEASE

Raise your arms straight up for leverage. (This may also create a distraction.) Lean away to extend the individual's arms; this will weaken the grab. Create momentum by turning your shoulders and arms in a rotating motion away from the individual. Your shoulders will act as a lever while your momentum will assist in releasing the grab. Increase your psychological advantage by using a verbal distraction or an element of surprise.

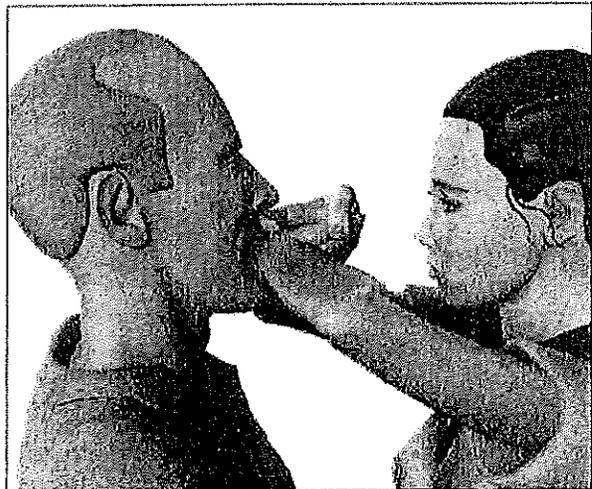
Attempt to move out of the way to maintain safety.



### **cpi** BACK CHOKE RELEASE

Raise your arms straight up for leverage. (This may also create a distraction.) Lean away to extend the individual's arms; this will weaken the grab. Create momentum by turning your shoulders and arms in a rotating motion away from the individual. Your shoulders will act as a lever while your momentum will assist in releasing the grab. Increase your psychological advantage by using a verbal distraction or an element of surprise.

Attempt to move out of the way to maintain safety.



### **cpi** BITE RELEASE

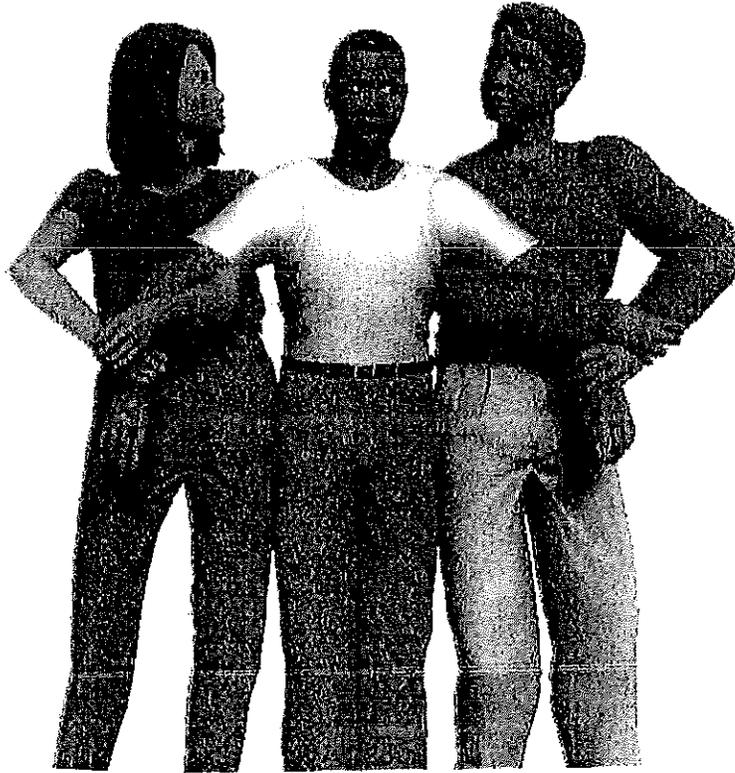
Avoid pulling away from the bite. Instead, lean into, or "feed" the bite, using the minimum amount of force necessary to cause the jaw of the person to open. You may also want to use your finger in a vibrating motion to stimulate the person's upper lip. This vibrating motion may result in a "parasympathetic response" that causes the mouth to open. At the same time, you can gain a psychological advantage by using a verbal distraction or an element of surprise.

Once the bite releases, attempt to move out of the way to maintain safety.



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### Come-Along Position

This temporary control position allows you to maintain control of a person if it is necessary to escort them out of a room. It is similar to Transport Position above except inside of putting your arm through theirs, you would keep your hand on the back of their upper arm.

Face the same direction as the Acting Out Person while adjusting, as necessary, to maintain close body contact. Use right hand to hold their opposite wrist and use your left hand to guide them from the back of their arm. Gently guide them out of the room.



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Figure A



Figure B

Pages removed detail Nonviolent Physical Crisis Intervention positions.

## **CPI** INTERIM CONTROL POSITION

This temporary control position allows you to maintain control of both of the individual's arms, if necessary, for a short time.

Starting from the CPI Transport Position, maintain control of the individual's arm, but release the "cross-grain grip." Use free arm to reach across and gain control of the opposite arm. (Fig. A) If the individual attempts to strike, use your free arm to block, and safely move away. (Fig. B)



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Figure A

### **cpi** TEAM CONTROL POSITION

The Team Control Position is used to manage individuals who have become dangerous to themselves or others. Two staff members hold the individual as the auxiliary team member(s) continually assess the safety of all involved and assist, if needed. During the intervention, staff members who are holding the individual should:

- Face the same direction as the Acting Out Person while adjusting, as necessary, to maintain close body contact with the individual.
- Keep their inside legs in front of the individual. (Fig. A)
- Bring the individual's arms across their bodies, securing them to their hip areas. (Fig. B)
- Place the hands closest to the individual's shoulders in "C-shape" position to direct the shoulders forward. (Fig. C)



Figure B

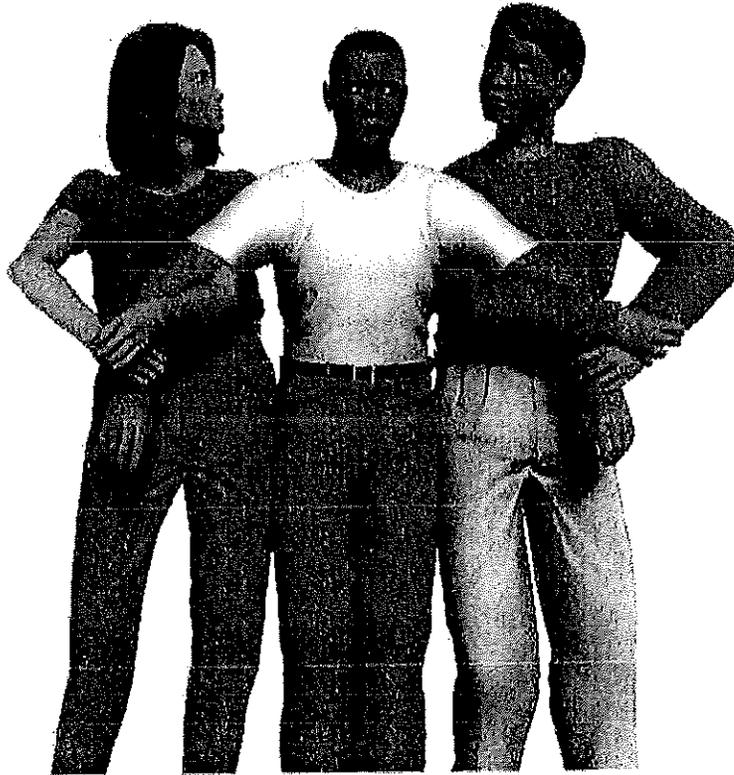


Figure C



## Caution

These Classroom Models should be learned and practiced only under the supervision of a Certified Instructor of the *Nonviolent Crisis Intervention* training program. Attempting to learn the techniques from the diagrams may result in injury.



### **cpi** TRANSPORT POSITION

This position will assist you in safely moving an individual who is beginning to regain control.

Prior to moving an individual, assist the person into a more upright position and remove your hand from the individual's shoulder. Reach under the individual's arm to grab your own wrist. This "cross-grain grip" better secures the individual between staff during transport. Remove your leg from directly in front of the individual prior to transport while maintaining close body contact.

It is not recommended to transport an individual who is struggling. If necessary, return to the CPI Team Control Position if the individual's and/or staff's safety is at risk.

**(UPDATED 6/5/24) JUNE 2024 CEDAR NORTH SCHEDULE**

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
30. Kristal on call 9a-9p- 8a-4p- 4p-8p-Jenn 9p-8a-Jenn	<b>MONDAY'S 930a-1p- Kim take HK Horse Therapy</b>					1. <b>Cindy on call</b> 9a-1130a-(DG) Cheryl 1130a-8p-Marilyn 8a-4p-Margaret 5p-9p-Kim 9p-9a-(DG)Carol
2. Cindy on call	3. Horse Therapy HK <b>Kim to take</b>	4.	5. <b>Staff Mtg</b>	6.	7. <b>Kristal on call 4p</b>	8. <b>Kristal on call</b>
9a-1p-(DG)Carol 8a-4p-Margaret 4p-8p-Jenn 1 staff from 1-8p 8p-8a-Jenn	6a-4p-Margaret 9a-8p-Kim <b>9:30a-1p-1 staff</b> 4p-8p-Marilyn 8p-8a-Joy	6a-6p-Margaret 8a-9a-Sara(CS 9a) 10a-8p-Carol 6p-8p-Jenn	6a-4p-Carol 8a-5p-Kim <b>4p-8p-</b> 5p-8p-Jenn 8p-8a-Jenn	6a-5p-(CU)Sara 8a-1p-Lori 1p-8p-Kim 5p-8p-Marilyn 8p-8a-Joy	6a-4p-Carol 9a-8p-Kim	9a-9p-Sara 8a-8p-Marilyn
9. Kristal on call	10. Horse Therapy HK <b>Kim to take</b>	11. <b>HK appt</b>	12. <b>JW appt (CU, KK)</b>	13. <b>HK appt</b>	14. <b>Sabrina on call 4p</b>	15. <b>Sabrina on call</b>
9a-4p-Sara <b>8a-4p-CS float</b> 4p-9p-Jenn <b>4p-8p-CS Float</b> 8p-8a-Jenn	6a-4p-Margaret 9a-8p-Kim 4p-8p-Marilyn 8p-8a-Joy	6a-4p-Margaret <b>8a-1p CS Float</b> 1p-8p-Carol <b>4p-8p-Lori</b> 8p-8a-Joy	6a-4p-Carol 8a-5p-Kim 11a-4p-Margaret 4p-8p-Janelle <b>5p-8p-(JY)</b> 8p-8a-(JY)-Carol	6a-3p-(CU) Margaret 8a-4p-Sara 4p-8p-Kim 3p-8p-Marilyn 8p-8a-Joy	6a-4p-Carol <b>9a-9p-Cheryl</b> 9p-9a-(DG)Kim	9a-8p-(DG)Kim <b>8a-2p-</b> 2p-8p-Janelle 8p-9a-(DG)Cheryl
16. Sabrina on call	17. Horse Therapy HK <b>Kim to take</b>	18. <b>DN leave at noon</b>	19. <b>DN gone</b>	20. <b>DN gone</b>	21. <b>DN gone Cindy on call 4p</b>	22. <b>Cindy on call</b>
9a-4p-(DG)Kim <b>8a-4p-</b> 4p-9p-Jenn <b>4p-8p-</b> 8p-8a-Jenn	6a-4p-Margaret 9a-8p-Kim 9:30a-1p-Laura (orientate) 4p-8p-Marilyn 8p-8a-Joy	6a-4p-Margaret <b>8a-1p CS Float</b> 1p-8p-Carol <b>4p-8p-Lori</b> 8p-8a-Joy	6a-4p-Carol 8a-5p-Kim 4p-8p-Janelle 5p-8p-Jenn 8p-8a-Jenn	6a-3p-Carol <b>8a-1p-CS-Float</b> 1p-8p-Kim 3p-8p-Marilyn 8p-8a-Joy	6a-4p-Carol 9a-3p-(KK)Cheryl <b>3p-8p-(KK)- 4p-8p-</b> 9p-9a-Sara	9a-9p-Sara <b>8a-8p-</b> 9p-9a-Sara
23. Cindy on call	24. Horse Therapy <b>HK Kim to take</b>	25.	26.	27.	28. <b>Kristal on call 4p</b>	29. <b>Kristal on call</b>
9a-4p-Sara <b>8a-4p-</b> 4p-9p-Jenn <b>4p-8p-</b> 8p-8a-Jenn	6a-4p-Margaret 9a-4p-(KK)Marilyn 9:30a-1p-Laura (orientate) 4p-8p-Marilyn <b>4p-8p-</b> 8p-8a-Joy	6a-4p-Margaret <b>8a-1p-CS Float</b> 1p-8p-Carol <b>4p-8p-Lori</b> 8p-8a-Joy	6a-4p-Carol 8a-5p-Kim 4p-8p-Janelle 5p-8p-Jenn 8p-8a-Jenn	6a-4p-Carol <b>8a-1p-CS Float</b> 1p-8p-Kim 4p-8p-Marilyn 8p-8a-Joy	6a-4p-Carol 9a-8p-Kim <b>4p-8p-</b> 9p-9a-Cheryl	9a-9p-Carol 8a-8p-Margaret 9p-9a-Cheryl

**JUNE 2024 CEDAR SOUTH SCHEDULE (updated 6/5/24)**

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
30. <b>Kristal on call</b> 9a-9p- 8a-4p- 4p-8p-Helen 9p-8a-(AW) Liz						1. <b>Cindy on call</b> 9a-9p-Patsy 8a-4p-(RJ)Laura 4p-9a-Amy orientate 6p-730p-Cindy 9p-9a-Angela
2. <b>Cindy on call</b>	3. Horse Therapy SK- Sara to take	4. <b>CP Appt -CG/MH to take</b>	5. <b>Staff Mtg</b>	6. <b>CP appt 1:30p</b>	7. <b>Kristal on call 4p</b>	8. <b>Kristal on call</b>
9a-9p-Patsy 8a-4p-(RJ)Laura 4p-8p-Helen	7a-4p-Rachel 8a-930a-Sara 930a-1p-Sara 1p-8p-(RJ) Patsy 4p-8p-Amy orientate SK intake meeting 1p 8p-8a-(AW) Jenn	6a-8a-Sara(CN 8-9a) 8a-9a-(PW)Angela 9a-4p-Sara 4p-8p-(PW) Rose 1p-8p-Laura 8p-8a-Laura	7a-4p-Rachel 8a-4p-Patsy 4p-8p-Rose 4p-8p-Amy orientate 8a-8p-Angela	7-4p-Rachel 1p-8p-Laura 12p-8p-Patsy 8p-8a-(LK) Angela	7a-4p-Rachel 8a-4-Sara 4p-8p-Amy orientate 4p-8p-Rose	8a-8p-(DG) Cindy 8a-3p-CN to assist 3p-9p-Rose 9p-9a-(DG) Rose
9. <b>Kristal on call</b>	10. Horse Therapy SK- Sara to take	11.	12.	13.	14. <b>Sabrina on call 4p</b>	15. <b>Sabrina on call</b>
9a-12p-(DG)Rose 8a-12p-Cindy 12p-9p-(DG)Laura 12p-4p-Helen 4p-8p-Liz	7a-4p-Rachel 8a-930a-Sara 930a-1p-Sara 1-4p-Sara 4p-8p-Rose 4p-8p-Amy orientate SK move in 8p-8a-Angela	7a-4p-Rachel 8a-4p-Sara-Float 4p-8p-Patsy 4p-8p-(LK)-Liz 8p-8a-(LK)-Jenn	7a-4p-Rachel 8a-4p-Patsy 4p-8p-Rose 4p-8p-Amy orientate 8a-8p-Angela	7a-4p-Rachel 8a-8p-Patsy 4p-8p-Laura 8p-8a-Laura	7a-4p-(RL)Sara 8a-4p-Patsy 4p-8p- 4p-8p-Amy orientate 8p-8a-Angela	9a-4p-Angela 4p-8p-Angela 8a-4p-Rose 4p-9p-Rachel 9p-9a-Rachel
16. <b>Sabrina on call</b>	17. Horse Therapy SK- Sara to take	18.	19.	20.	21. <b>Cindy on call 4p</b>	22. <b>Cindy on call</b>
9a-9p- 8a-4p-Rose 4p-8p-Helen 9p-8a-Angela	7a-4p-Rachel 8a-930a-Sara 930a-1p-Sara 930a-1p-Angela 4p-8p-Rose 4p-8p-Amy 8p-8a-Angela	7a-4p-Sara 8a-1p CS Float 8a-8p-Patsy 1p-8p-Laura	6a-4p-Rachel 8a-4p-Patsy 4p-8p-Rose 4p-8p-Amy 8a-8p-Angela	6a-4p-Rachel 8a-1p-Sara-Float 1p-8p-Laura 4p-8p-Patsy 8p-8a-Laura	7a-4p-Rachel 8a-4p- 4p-8p- 4p-8p-Amy 8p-8a-(DG)Angela	9a-8p-(DG)Patsy 3p-9p-(DG) Rose 8a-3p- 9p-9a-(DG)Rose
23. <b>Cindy on call</b>	24. Horse Therapy SK- Sara to take	25	26.	27.	28. <b>Kristal on call 4p</b>	29. <b>Kristal on call</b>
9a-12p-(DG) Rose 12p-5p-(DG) 8a-4p- 4p-9p-Liz 4p-8p-Helen 9p-8a-Liz	7a-4p-Rachel 8a-930a-Sara 930a-1p-Sara 930a-1p-Angela 4p-8p-Rose 4p-8p-Amy 8p-8a-Angela	8a-1p-Sara-Float 8a-8p-Patsy 1p-8p-Laura	6a-4p-Rachel 8a-4p-Patsy 4p-8p-Amy 4p-8p-Rose 8a-8p-Angela	6a-4p-Rachel 8a-1p-Sara Float CN 1p-8p-Laura 4p-8p-Patsy 8p-8a-Laura	7a-4p-Rachel 8a-4p-Sara 4p-8p-Amy 4p-8p-Rose 8p-8a-(AW)Laura	9a-9p- 8a-4p- 4p-8p-Amy 9p-9a-Amy