

Nexus Pediatric Safety Studio

Five-Minute Pediatric Behavioral Safety Simulations - Upgraded Corporate Review Packet

Prepared for executive and clinical review. Includes provisional CPI-aligned scaffolding, a full asset-system appendix, budget plan, rollout gates, measurement model, and public/internal publication boundary.

Status	Meaning
Green	Ready for executive review as an operating template.
Yellow	Generated as a provisional validation shell; clinical language must be approved.
Red	Not generated by AI; requires Nexus/CPI/risk/legal source material.

Executive and clinical review draft. Not clinical policy. Not approved for rollout until Nexus validates CPI language, Nexus addendum specifics, restraint/seclusion policy, documentation requirements, staffing assumptions, payroll rates, and baseline metrics.

Executive Decision

- Approve Phase 0 clinical validation and Phase 1 pilot build.
- Do not approve clinical rollout until Nexus validates CPI language, addendum specifics, restraint/seclusion thresholds, documentation requirements, and staffing assumptions.
- Use the 90-day pilot to test staff confidence, debrief quality, leading safety indicators, and drift controls before scale.

Decision area	Recommendation	Evidence needed
Phase 0	Approve validation	Named CPI/addendum, clinical, quality, and risk owners.
Phase 1	Approve pilot build	Validated scenario architecture, facilitator dry run, baseline dashboard.
Phase 2	Run 90-day pilot	Weekly logs, monthly quality review, stop criteria active.
Phase 3	Scale only on evidence	Day-90 scale packet with process, learning, outcome, and balancing measures.

Provisional CPI-Aligned Review Model

This model is a best-guess scaffold built from public, high-level CPI concepts. It is not official CPI training language, does not quote proprietary CPI content, and must be replaced or approved by the Nexus CPI/addendum lead before use.

Observed state	Provisional response	Pediatric review question	Validation
Anxiety / distress	Supportive response	What is the child communicating and what lowers stimulation?	Nexus/CPI validation required.
Defensive behavior / refusal	Directive response plus choice where allowed	What clear limit is needed without creating a power struggle?	Nexus/CPI validation required.
Risk behavior / imminent harm	Immediate safety intervention by trained staff under policy	What is the likelihood and severity of harm if we wait?	Nexus/CPI validation required.
Tension reduction / recovery	Therapeutic rapport and repair	What does the child need from us after the event?	Nexus/CPI validation required.

Program Operating Loop

Set the scene

Name age, developmental context, trigger, and immediate safety condition.

Show the missed step

Use freeze-frame or non-contact staging for a reasonable response that missed a key move.

Ask the judgment questions

What is the child telling us? What changes the next move?

Re-run the right response

Practice staff regulation, positioning, language, one-voice coordination, and threshold judgment.

Name the threshold

Clarify verbal support, team support, and immediate safety intervention boundaries.

Repair and log

Name what happens after the child is safe and record what landed for the team.

Budget Plan

All figures are planning assumptions. Finance must replace them with Nexus loaded labor rates, census, baseline data, and vendor quotes.

Pilot case	Total	Use
Low	\$22,950	Lean internal build.
Base	\$34,600	Recommended 90-day pilot plan.
High	\$55,800	More educator, compliance, and dashboard support.

Annual case	Total	Use
Low	\$65,400	Minimum sustainable rhythm.
Base	\$96,400	Recommended annual program.
High	\$150,100	Heavier education, data, governance, and refresh capacity.

Microphase Rollout

Phase	Deliverables	Gate
0. Clinical validation	Clinical, CPI/addendum, risk checklists; pilot charter; drift controls.	Every validation row has an owner, decision, and date.
1. Pilot build	Governance packet, facilitator shell, quick card, scenario architecture, logs, survey, dashboard.	Dry run passes with two clinical observers.
2. 90-day pilot	Weekly reviews, monthly reviews, scenario logs, staff pulse, stop criteria.	Process, learning, outcome, and balancing data captured.
3. Scale decision	Filled scale packet and executive decision.	All four measure categories marked met, not met, or inconclusive.
4. Enterprise rhythm	Quarterly scenario refresh, monthly dashboard, annual review.	Validated scenario bank and policy alignment check.

Asset Buildout Manifest

Asset group	Generated now	Boundary
Executive / governance	Sponsor packet, approval memo, charter, RACI, scale rubric, annual calendar, runbook.	Green - internal executive review.
Clinical / risk	Validation checklists, risk checklist, drift rules, provisional CPI model.	Yellow where clinical language appears.
Pilot operations	Facilitator onboarding shell, quick card, psych safety script, no-unsafe-contact rule, QR form mock.	Internal only.
Measurement	Pulse survey, dashboard spec, weekly/monthly review, family-loop prompts.	Internal only.
Scenario deck	12 scenario shells with provisional CPI alignment.	Yellow - not for huddle use until approved.
Red-gated	CPI level reference, R/S policy citations, patient-facing material.	Not generated by AI.

Scenario Bank - Provisional Review Map

#	Scenario	Best-guess CPI frame	Clinical gate
1	The Door	Defensive or Risk Behavior depending on imminent elopement risk.	Validate threshold and contact policy.
2	The Sensory Flood	Anxiety escalating toward Defensive behavior.	Validate sensory support language.
3	Medication Refusal	Defensive unless refusal creates immediate clinical danger.	Validate medication-refusal policy.
4	Family Escalator	Defensive with family-system escalation; possible Risk Behavior if object creates harm.	Validate family-loop limits.
5	After-Hold Silence	Tension Reduction / recovery phase.	Validate repair/debrief language.
6	The Object	Defensive or Risk Behavior depending on object danger.	Validate likelihood/severity threshold.
7	Peer Audience	Defensive behavior amplified by audience.	Validate one-voice team response.
8	2 a.m. Escalation	Anxiety or Defensive; staff fatigue affects response.	Validate fatigue/escalation support path.
9	Shutdown	Anxiety or trauma-reactive distress unless immediate danger is present.	Validate waiting/safety perimeter language.
10	Staff Split	Defensive risk driven by inconsistency.	Validate limit-setting language.
11	Cultural Trigger	Anxiety or Defensive depending on refusal and safety state.	Validate cultural support path.
12	Discharge Anxiety	Anxiety moving into Defensive behavior.	Validate transition-support language.

Measurement Model

Process

- Sims completed per week and month.
- Percent of planned huddles with sims.
- Facilitator distribution by shift.
- Scenario categories covered.

Learning

- Staff confidence pulse.
- Facilitator quality observations.
- Scenario log themes.
- Debrief documentation quality.
- Family-loop documentation sample.

Outcome

- Restraint events per 1,000 patient-days.
- Seclusion events per 1,000 patient-days if applicable.
- Patient and staff injury reports.
- Elopement or near-elopement events.
- Patient/family grievances tied to staff interaction.

Balancing

- Staff report of huddle overload.
- Delayed shift-start tasks.
- Increased event reporting due to improved awareness.
- Unsafe hesitation during imminent-risk events.

Drift Controls

- No roleplay of unsafe physical contact in huddles.
- No prizes, public ranking, or quiz culture.
- No patient identifiers from real events.
- No scenario enters the bank without clinical validation.
- No blanket never/always rules around physical intervention.
- No sim immediately after a serious safety event.
- No facilitator keeps the role after shaming staff or distorting policy.
- No fake clinical authority in public or patient-facing material.
- No publication of pilot outcomes during execution.
- No clinical content in yellow-tier assets without a validation marker.

Public / Internal Split

Surface	Can be public now	Stays internal
Website	Program overview, validation status, high-level CPI review frame, evidence anchors, PDF link.	Scenario cards, facilitator scripts, clinical checklists, measurement templates.
Corporate PDF	Executive review packet with claim boundary and public evidence anchors.	Official CPI language, Nexus policy citations, patient-facing material.
Internal asset pack	Not public.	All governance, clinical validation, facilitator, measurement, logistics, and scenario-shell files.

Public Evidence Anchors

Source	Use in packet
Nexus Children's Hospital Dallas public page	Facility context.
Nexus Children's Hospital brochure PDF	Public service context.
AACAP aggressive behavior prevention and management	Pediatric psychiatric aggression-management policy context.
AACAP inpatient staffing model	Inpatient staffing and treatment-setting context.
SAMHSA trauma-informed approaches	Trauma-informed operating principles.
CMS restraint and seclusion patient-rights rule	Federal patient-rights context.
CPI public Crisis Development Model overview	High-level escalation-stage frame only.
CPI public risk behavior article	High-level likelihood/severity review frame only.
CPI public Integrated Experience overview	High-level staff-response influence frame only.

Full URLs are listed on sim.ariasos.com under Evidence Boundary.

Final Claim Boundary

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This upgraded PDF is ready for corporate review as a provisional asset system. It is not ready for clinical rollout. The next approval step is Nexus validation of the yellow and red assets.