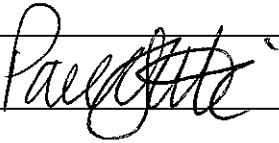


| Catholic Charities Disabilities Services | |
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| Agency Standard and Procedure | |
| Standard Category | Residential Services |
| Standard Title | Review of Physical Interventions |
| Regulations | |
| Original Issue Date | May 30, 2012 |
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| Attachments | |
| Approved by: Paula Jubic, Executive Director |  |

Standard: CCDS is dedicated to ensuring that the use of physical interventions is minimized. As part of a continuing effort to ensure that the use of physical interventions is minimized and that, where such interventions are necessary, and are used in a way that best protects the safety of both residents and staff, any instance of a physical intervention being utilized must be documented and reviewed.

Training:

1. All residential staff will receive training in Promoting Positive Relationships and Strategies for Crisis Intervention and Prevention – Revised (SCIP-R) to develop skills to de-escalate crisis situations without the use of physical interventions, but also on how to physically intervene safely should a physical intervention become necessary.
2. All residential staff will be required to complete Promoting Positive Relationships and SCIP-R during their initial orientation as well as refreshers annually thereafter.

Use of Physical Interventions:

3. Any physical intervention should be implemented only to interrupt a truly dangerous situation after all attempts to de-escalate the situation have been unsuccessful and with accordance with the SCIP-R curriculum.
4. While Behaviors Support Plans (BSP) may note certain physical interventions that can be utilized for a particular individual, any SCIP-R physical interventions can be used on any individual if they present a danger to themselves or others regardless of whether they have a BSP.

5. Once a physical intervention is implemented, staff need to note the time the physical intervention began and then the time the intervention is released. No intervention can exceed 20 consecutive minutes.
6. Throughout a physical intervention staff need to monitor the individual for any medical complications such as skin discoloration, breathing difficulties, unconsciousness, etc.
7. Any physical intervention must be terminated immediately should any medical issue arise or the individual reports any type of pain. A physical intervention should also be terminated immediately if the individual calms or there is no longer a danger to anyone. Physical interventions should always be used for the shortest amount of time possible.

After a Physical Intervention:

8. At the conclusion of any physical intervention staff need to complete a body check on the individual to look for any injuries, bruises, scratches, etc.
9. Supervisory and nursing staff must be notified of any physical intervention regardless of the duration of the physical intervention as soon as possible. Staff must speak with supervisory staff either face to face or via phone call. If a supervisor is not on-site, or if after hours, the on-call systems must be utilized.
10. The staff person who implemented the physical intervention must complete a General Event Report (GER) prior to leaving their shift.
11. When completing the GER staff must include what happened prior to the use of the physical intervention, what non-restrictive techniques and strategies were used to try to calm the individual, the beginning and end time of the physical intervention, the physical intervention used (or description of), as well as the results of the body check, and any guidance received from a Registered Nurse.
12. A Residential RN should complete a full body assessment within 24 hours of the physical intervention or the next business day. The results of this body check should be entered into the Review/Comment section of the GER.
13. Behavior Supports staff will review the GER to analyze the circumstances that led to the use of the physical intervention to determine if further recommendations are warranted for future occurrences. If so, these recommendations should be entered into the Review/Comment section of the GER.
14. Quality Assurance staff will review the GER to ensure the staff involved in the intervention were properly certified in SCIP-R and the intervention was done in a manner consistent with the SCIP-R curriculum. If the physical intervention utilized was a restrictive intervention (takedown or supine control), Quality Assurance staff will complete the Record of Restrictive Intervention (RORI) in the OPWDD Incident Management Reporting Application (IRMA).