

504.0 Behavioral Emergencies

504.1 Policy Approval Clearance Record

<input type="checkbox"/> Mental Health Policy	This policy supersedes: Rural Clinics	Number of pages in Policy: 12
<input type="checkbox"/> Developmental Services Policy	1.3004, Behavioral Emergencies	
<input checked="" type="checkbox"/> Rural Services Policy		
Review by Representative from the Office of the Attorney General: yes	Date: August 2011	Date Policy Effective: 9/1/11
Rural Services Director Approval Signature: <i>Barbara Legier</i>	Date: 8/31/11	Policy Lead: Eric Skansgaard CPM-II

504.2 Statement of Purpose

504.2.1 Policy Statement: Rural Services staff will provide a safe environment for clients, consumers, staff and visitors. There will be no use of restraints/seclusion other than as a measure of last resort where there is no alternative measure available to staff to maintain safety in the face of imminent harm.

504.2.2 Purpose: The goal of Rural Services is to prevent or eliminate the use of restraints/seclusion and to ensure that any form of physical intervention is purely defensive, nonviolent, and administered in as safe and humane a manner as possible by appropriately trained staff.

504.3 Authority

504.3.1 NRS 433.003, NRS 433.5466 / NRS 449.770
MHDS Policy CRR 1.3 Restraint/Seclusion of Consumers

504.4 Definitions

504.4.1 Behavioral emergency: A situation in which an individual is judged to be on the verge of or is acting in a manner that will cause: harm to self and/or others, destruction of property, and/or intolerable disruption of client care or other agency activities. Behavioral emergencies include, but are not limited to: assault or threats of assault, battery, self-injury or threats of self-injury, creation of a serious public nuisance.

504.4.2 Emergency: A situation in which immediate intervention is necessary to protect the physical safety of a person or others from an immediate threat of physical injury or to protect against an immediate threat of severe property damage. It may be an unanticipated situation where the patient's behavior is violent or aggressive. NRS 433.5466 and NRS 449.770

504.4.3 Conflict Prevention and Response Training (CPART): Approved curriculum of de-escalation techniques and increasingly intrusive/restrictive intervention procedures used by trained staff to re-establish and/or maintain safety in the presence of threatening or dangerous behavior.

504.4.4 Crisis Prevention Program: Established and professionally designed crisis intervention training programs such as Mandt, NCI (non-violent crisis intervention) or CPI (crisis prevention intervention), among others, which teach staff how to utilize de-escalation techniques and safely apply increasingly restrictive intervention procedures to re-establish safety in the presence of threatening or dangerous behavior.

504.4.5 Staff: Employees of Rural Services. The term may also include contract individuals such as interns, nurses, and psychiatrists and employees of contract provider agencies who are responsible for providing supports and services to individuals in their communities. Examples

include employees of agencies that provide jobs and day training or supported living arrangement services.

504.5 Procedures

504.5.1 Philosophy of Care: Staff of Rural Services employs preventative techniques as described in CPART or other crisis prevention training programs, and physical interventions only as a measure of last resort to protect individual health and safety. To prevent behavioral emergencies, staff will engage in:

- A.** Early identification and assessment of individuals who may be at risk of an imminent behavioral emergency. For mental health staff, risk is reviewed weekly when LOCUS or CASII Dimension 1 scores are at 3 or above. For DS staff risk is monitored at weekly DS leadership. Risk will be assessed as determined by the team, at intake and at each quarterly review if not triggered sooner.
- B.** Wherever possible, the treatment plan and its components will inform and guide crisis intervention activities (e.g., use strengths, crisis plan, medication compliance, etc, to guide staff intervention).
- C.** When crisis prevention interventions are used, the following standards will apply to each episode:

The dignity, privacy, and safety of the individual will be preserved to the fullest extent possible.

- 1. Crisis prevention interventions will be initiated by trained staff when there is an identified emergency whenever possible.
- 2. When untrained staff must intervene to protect health and safety, they will do so in the safest manner possible given the circumstances.
- 3. Only the least restrictive intervention method that is safe and effective will be employed for the briefest time possible.

D. Regular reviews of the premises to ensure potentially dangerous items are removed.

504.5.2 Training: Designated Rural Services staff will be trained on the use of CPART and how to complete a Restraint and Denial Form (RAD). Training will occur within 6 months of each employee's start date and refresher training completed periodically.

504.5.3 Procedures:

A. OUTPATIENT CENTER

- 1. Center staff will use CPART techniques to de-escalate behavior. In the event of a behavioral emergency, the CPM-I, DS-IV, or designated supervisor will be summoned to the scene immediately.
- 2. In the event of a behavioral emergency in which property damage is occurring, staff members will use the least restrictive intervention possible to safeguard property.
- 3. If the person does not respond to de-escalation techniques, the receptionist or available staff will notify other staff members in the Center. The staff members will report to the scene to provide support and ensure the safety of staff and clients. No physical restraint may be used in the outpatient setting unless the person is an imminent danger to self or others.
- 4. The CPM-I, DS-IV or designated supervisor may call 911 at the time the event occurs if deemed necessary to prevent injury or violence.

5. If the person does not respond positively, staff shall arrange for a QMHP to initiate Legal 2000-R evaluation and proceedings.
6. Because Rural Services staff does not use restraint/seclusion as a treatment intervention, application of any CPART physical interventions will be in response to assaultive or dangerous client behavior. Such behavior will result in the completion of an appropriately classified Serious Incident Report and/or Restraint and Denial form as appropriate.

B. IN THE COMMUNITY

1. At all times when someone is in distress others who are in the service setting will be redirected to remove themselves from the area to provide the person with a sense of dignity and security.
2. Staff who work with individuals who have behavior support plans will use preventive strategies and intervention techniques that are included in the plan to address problematic behavior.
3. When a person in distress is encountered and the behavior support plan has been ineffective or no behavior support plan is in place, de-escalation strategies will be used to address the behavior. Every effort will be made to first use interpersonal and verbal skills to calm, reassure, reorient and redirect the person to safety.
4. If the person's behavior continues to escalate and becomes imminently dangerous, or when property destruction creates an imminently dangerous situation, CPART physical interventions will be implemented.
5. When staff are providing transportation or services in the community (off site) and a behavioral emergency occurs, the staff will respond to the emergency in accordance with training guidelines.
 - All staff transporting clients or working with clients in the community will have a mobile phone available at all times.
 - In areas known to have poor phone reception, more than one staff will be present.
6. If a staff member is working alone when dangerous behavior occurs, the staff person will first redirect others to leave the immediate area. If the person is unsafe left alone in the community setting, staff will maintain a safe distance and continue to monitor the situation.
7. Staff will call 911 for emergency assistance in the following circumstances:
 - Staff are working alone or when there are insufficient staff to safely intervene. Physical interventions will only be attempted when enough staff are present to safely implement the intervention technique.
 - The person does not respond to de-escalation techniques. Staff will ensure their own and others' safety by withdrawing from the if possible.
 - When a person is committing property damage. De-escalation strategies will be used. Only if the person or staff is in imminent danger will physical intervention be used.
8. Whenever restraint is used as an intervention, the Restraint and Denial form (RAD) must be filled out completely and forwarded to the agency QA department (see Attachment D).

C. STAFF DEBRIEFING TO PHYSICAL RESTRAINT

1. Initial Staff Debriefing. The initial staff debriefing is designed to provide a safe way for staff involved in a volatile or dangerous situation to talk about their experience and process emotions. Staff debriefing will occur when a person engages in dangerous or extremely disruptive behavior and restraint was involved. A staff debriefing can also be scheduled whenever there is concern about the staffs' well-being following a behavioral emergency.
 - Debriefing is not required following physical interventions for individuals who have a behavioral support plan that clearly describes when preventive and restrictive interventions are applied. The treatment/support team develops the plan, monitors its use and reviews information about the effectiveness of the plan at least quarterly.
 - The initial staff debriefing will occur before the end of the work day/shift change. The debriefing will be facilitated by a supervisor, program coordinator or mental health professional. Findings from the debriefing and proposed administrative or support/treatment plan changes to prevent reoccurrence will be documented on the Initial Debriefing Form for Use of Restraint (Attachment A) and forwarded to the CPM II and QA within 24 hours. The CPM II will review the results of the initial debrief, make comments if needed, and send the original back to the lead team member/DS III for follow up-
2. Post-Intervention Debriefing. Post-intervention debriefing provides the treatment/support team an opportunity to analyze what was done and whether improvements to the approaches taken or administrative practice can be made.
 - Within 5 work days of the episode, debriefing will occur by the team and be documented using the Behavioral Emergency Debrief Form (Staff) (see Attachment B).
 - If appropriate for the person, within 5 work days of the episode, a debrief with the person will be conducted using the Behavioral Emergency Debrief Form (Person) (see Attachment C). Other members of the treatment team or the person's natural support system may be included if important to the person.
 - Staff may utilize relevant situational role plays to further enhance post-intervention debriefings.
 - Information from the post intervention debriefing will be forwarded to the CPM II and QA within 24 hours of the meeting.
 - The CPM II will review the results of the debriefing, make comments if needed, and send the original back to the lead team member/DS III for follow-up.

504.5.4 Timelines:

Table 504.1: Timelines for “Behavioral Emergencies” Policy

Requirement	Deadline	Starting Date	Responsible Party	Actions to be Taken
504.5.3.A Response to a person’s behavior escalating to an emergency.	Immediately	At the time of Behavior Emergency	RS staff, the CPM-I / Supervisor or designee	1. Follow behavior support plan if part of support/treatment plan. 2. Use crisis prevention training to de-escalate the acting-out individual. Summon the CPM-I, DS-IV or designee. Center Director call 911 if necessary. Initiate a legal 2000 if behavior doesn’t Improve.
504.5.3.B In Community, Withdraw and dial 911	Immediately	Person’s behavior does not immediately respond to behavior support plan or de-escalation techniques	All Staff	1. Withdraw to safe location and call 911. 2. Continue to monitor from a distance and redirect others from area. 3. Use physical intervention techniques only if can be implemented safely in the setting.
504.5.3.C.3 Initial staff debriefing	By end of workday or shift	When physical intervention has been used	All staff involved in emergency response	1. Supervisor or manager will conduct debriefing session with staff. 2. Document results and forward to CPM II and QA for review.
504.5.3.C.4 Post intervention debriefing	Within 5 work days	When physical intervention has been used	Team	1. Team lead will conduct meeting to complete additional analysis and recommendations. A) with staff B) with person (as appropriate) 2. Document results and forward to CPM II and QA for review.
504.5.2 Training	Within 6 months and periodically thereafter	Date of hire	CPM-I, DS-IV, or designated supervisor	Obtain training in CPART or other crisis prevention training and RAD

504.6 Jurisdictional Action

504.6.1 Development of Internal Policies: Offices which do not have adequate staff to initiate CPART team intervention techniques will employ strategies similar to those outlined in 504.5.3.B, Procedures in the Community.

504.6.2 Timelines:

Table 504.2: Timelines for “Behavioral Emergencies” in the Community

Requirement	Deadline	Starting Date	Responsible Party	Actions to be Taken
504.5.3.B: Employ de-escalation techniques and/or withdraw from situation and call 911	Immediately	At the time of Behavior Emergency	Office Staff	Employ de-escalation techniques to the extent reasonable under the circumstances. Withdraw from situation and call 911 if person does not respond to de-escalation strategies.

- 504.6.3 Tools & Forms:** Initial Debriefing Form for Use of Restraint
 Post-Intervention Debriefing Form - Staff
 Post-Intervention Debriefing Form – Person
 Restraint and Denial Form (RAD)

504.6.4 Documentation: Crisis interventions shall be documented in a serious incident report and clinical case notes, progress notes, and Restraint and Denial as appropriate.

A. Electronic Documentation (AVATAR, DSNOW, etc):

Table 504.4: Electronic (specify) Documentation for Behavioral Emergencies Policy

Applicable Screen	Data Required
Progress notes	DAP format describing person's behavior, staff interventions, and debrief in the assessment

504.6.5 Supervisory Responsibility: Supervisors will provide in-service training to ensure all staff understands the requirements of this policy and procedures and understand the definitions and will revisit this policy periodically, but no less than annually for recommendations for improvement or additions.

504.7 Policy Cross Reference

- 504.7.1** MHDS CRR-1.3 Restraint and Seclusion
504.7.2 RS-1702 Due Process of Rights Restrictions
504.7.3 RS-1005 Legal 2000-R Service
504.7.4 NN-PC-SF-01 Use of CPART Skills on Campus and in Outpatient Settings
504.7.5 NN-PC-SF-02 Behavioral Emergencies in all NNAMHS Settings
504.7.6 RS-1705 DOR and RADs

504.8 Attachments

- 504.8.1** RS 504A – Initial Debriefing Form for Use of Restraint
504.8.2 RS 504B – Behavioral Emergency Debrief Form – Staff
504.8.3 RS 504C – Behavioral Emergency Debrief Form – Person

ATTACHMENT 504 A
INITIAL DEBRIEFING FORM FOR USE OF RESTRAINT

**RURAL SERVICES
INITIAL DEBRIEFING FORM FOR USE OF RESTRAINT**

Debriefing date/time:

Location of intervention:

Staff member completing the form:

Individual(s) involved:

Staff involved in physical intervention:

Injuries to person(s) or staff:

Medical attention received:

Staff members at debriefing session:

The following are questions for those who have participated in or witnessed an act of restraint (either group or individual):

1. Was anyone scared about what was happening?
2. What were you feeling?
3. What were you thinking about?
4. Are you concerned that something like that might happen to you?
5. Do you feel that what was done was appropriate?
6. Why or why not?
7. Do you think we could have handled anything differently?
8. What could we do to avoid things like that happening again?
9. Does anyone have anything else to say?
10. In case anyone thinks of anything later, I would like to hear it so please let me know.

Suggestions for improvement of care:

ATTACHMENT 504 B
RURAL SERVICES: BEHAVIORAL EMERGENCY DEBRIEF FORM
FOR STAFF

ATTACHMENT 504 C
RURAL SERVICES: BEHAVIORAL EMERGENCY DEBRIEF FORM
FOR THE PERSON

RURAL SERVICES: BEHAVIORAL EMERGENCY DEBRIEF FORM - PERSON

Interview conducted with person (& applicable others)

DATE: _____ TIME: _____ DEBRIEF DATE: _____ TIME: _____

Location of behavioral emergency: Center Home Other: _____

Do you know why you were upset? YES NO

Were there any precipitating factors/problems right before staff approached you? Conflict with peer

Can you describe exactly what happened? _____

What methods did staff use to help you? Ventilation of feelings

Did staff address your: 1) Physical well being YES NO

2) Psychological well being YES NO

3) Right to privacy YES NO

If you were secluded or restrained, did you receive any: Discomfort Pain Injury

Have you ever been secluded or restrained before? YES NO

Do you understand the reason for the seclusion/restraint? YES NO

Do you think you could have done something different? YES NO

Are there any things we could have done better that could have prevented this from happening? _____

Are you aware of any changes to your treatment/support plan? YES NO

If there were changes, did they include: Change in medication dose/frequency/type
 Consultation with psychologist/clinical staff
 Use of different behavioral interventions
 Other (specify): _____

Names of people present for debriefing (indicate who completed this form): _____

Person and/or Guardian signature DATE TIME

Signature of staff completing this form DATE TIME

Signature of QA/PI staff reviewing this form DATE TIME