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Administrative Memorandum - (#2012- 03)

**To: DDSO Directors
Executive Directors of Agencies Providing Residential and
Day Program Services**

From: Dr. Jill Pettinger 
**Assistant Deputy Commissioner
OPWDD Statewide Services**

**Subject: Review and Reporting Requirements for use of Strategies for Crisis Intervention
and Prevention-Revised (SCIP-R) Restrictive Personal/Physical Intervention
Techniques**

Date: June 18, 2012

EFFECTIVE DATE: July 30, 2012

Suggested Distribution:

Agency Managers (Residential and Day Programs)
Medical/Nursing Staff
Psychology/Behavior Specialist Staff
Training Staff including all SCIP-R Trainers
Quality Improvement Staff
Investigators
Incident Review Coordinators
IRMA Coordinators

Purpose: This Administrative Memorandum defines the appropriate safeguards, levels of administrative review, and reporting requirements necessary for protecting the physical health and safety of individuals when SCIP-R restrictive personal/physical interventions are used as part of their behavior plan or in an emergency to address challenging behaviors that pose a risk of harm to self or others.

Applicability: All OPWDD certified residential and day program settings.

New Requirements for use of SCIP-R personal/physical intervention techniques:

This memorandum clarifies and expands policy and procedures to be followed by program planning teams, and defines the levels of protective oversight and review needed to ensure the health and safety of those individuals for whom SCIP-R restrictive personal/physical interventions are used as part of a behavior plan or in an emergency to address challenging behaviors that pose a risk of harm to self or others.

MANDATORY HEALTH CARE REVIEW of POSSIBLE CONTRAINDICATIONS to SCIP-R RESTRICTIVE PERSONAL/PHYSICAL INTERVENTIONS:

Health care professionals (including physicians, nurses, nurse practitioners, and physician assistants) are key team members in ensuring that SCIP-R restrictive personal/physical interventions are not used in contraindication to a person's physical or medical condition.

Health care professionals are encouraged to become familiar with SCIP-R techniques (via review of training pictures from the SCIP-R curriculum, discussion, and/or demonstration by a SCIP-R Trainer), and to offer informed input regarding the safety of the use of SCIP-R interventions for individuals in their care.

Role of the Registered Nurse (RN):

A Registered Nurse (RN) must review an individual's clinical records if a SCIP-R restrictive personal/physical intervention technique is to be incorporated into the individual's behavior support plan *or* has been used in an emergency situation.

If the RN's clinical records review indicates that conditions contraindicating the use of the technique may exist, the individual must be evaluated in person by a health care professional familiar with SCIP-R restrictive personal/physical intervention techniques to identify contraindications to the use of any proposed techniques.

The RN clinical records review and the physical evaluation of the individual by a health care professional must also occur if there is a significant change in the physical condition of an individual with a behavior support plan that incorporates the use of SCIP-R restrictive personal/physical interventions.

Health Care Review is not medical clearance:

This health care review is not intended to constitute "medical clearance" or "approval" for the use of SCIP-R restrictive personal/physical interventions. Rather, the intent is to ensure that possible physical or medical contraindications are identified and considered by the planning team in an effort to prevent untoward events.

Documentation Requirements:

All reviews completed by the RN must be documented in the individual's clinical record and must be updated contingent on significant changes in the person's medical condition. Any limitations on the use of certain techniques and/or any needed modifications to such techniques that arise from consideration of the individual's medical condition, in consultation with the health care professional, must be clearly documented in the individual's clinical record and reviewed by the individual's program planning team. The behavior support plan must coincide with any recommendations for limitations on use of personal/physical interventions made by the health care professional. A timeframe for re-evaluation should also be indicated if applicable.

FREQUENT EMERGENCY USE OF RESTRICTIVE PERSONAL/PHYSICAL INTERVENTIONS:

The use of any restrictive personal/physical intervention technique in an emergency *more than two times in a 30-day period or four times in a six month period* shall require a comprehensive review by the person's program planning team. The team shall determine if there is a need for a behavior support plan to address the exhibited behavior(s), a need to change an existing plan, or to establish the criteria for determining if a plan will need to be developed in the future.

WHEN RESTRICTIVE PERSONAL/PHYSICAL INTERVENTIONS CONSTITUTE ABUSE:

Any use of contraindicated personal/physical intervention techniques must be reported and investigated as possible physical abuse. Further, the use of a restrictive personal/physical intervention technique that is not in conformance with the requirements of this memorandum or with the Guidelines for the Use of SCIP-R is considered to be physical abuse and must be reported pursuant to Part 624, unless the personal/physical contact is necessary to address an immediate health or safety risk to the individual or to others and the personal/physical contact did not involve the use of more force than necessary.

Techniques in which the individual is restrained in a prone (face-down) position (e.g. Lying Wrap-up) have been banned by OPWDD due to the increased risk of respiratory distress and serious injury including death. Any use of such prone techniques is considered to be physical abuse.

MANDATORY REPORTING on the USE of SCIP-R RESTRICTIVE PERSONAL/ PHYSICAL INTERVENTIONS:

A new database and tracking system has been developed to collect information pertaining to the use of SCIP-R restrictive personal/physical interventions in state and voluntary operated programs. This system, the Restrictive Intervention Application (RIA), is modeled after the Incident Report and Management Application (IRMA) system currently in place for incident management. Collection of this information will assist OPWDD and voluntary providers in tracking and trending the use of SCIP-R restrictive personal/physical interventions on a statewide basis. Ultimately, the RIA data will be linked to the IRMA data and will allow agencies to monitor, track/trend and analyze the relationship between SCIP-R restrictive personal/physical interventions, resulting injuries, abuse allegations and the frequency of staff involvement.

RIA requires the input of SCIP-R restrictive personal/physical intervention data that will include, but not be limited to:

- ❖ Restrictive SCIP-R Technique Used.
- ❖ Date/Time/Location/Duration of Intervention.
- ❖ Additional Restrictive Interventions Used; i.e., Time Out, Medications for Behavioral Control purposes.
- ❖ Reason for Applying the Intervention.
- ❖ Indicate if Restrictive Intervention was Used in Accordance with a Behavior Plan or Used on an Emergency Basis.
- ❖ Medical Information, Body Check Performed, Injuries Resulting from the Intervention.
- ❖ Staff Involved; Staff Injured.

- ❖ Incident Category (in the event the intervention resulted in a reportable incident, serious reportable incident or allegation of abuse).

Reporting Timeframes:

Each use of a restrictive personal/physical intervention technique that occurs on or after July 30, 2012 shall be reported electronically to OPWDD **within five (5) business days of occurrence** in by completion of the required fields in RIA.

Reporting Methods:

A paper version of the RIA data collection form with instructions will be provided under separate cover and posted on the OPWDD website at www.opwdd.ny.gov, as this may be the preferred data collection method for staff who are directly involved in recording restrictive personal/physical interventions in the field. While the paper version may be useful, especially in settings where staff access to computers and the internet is limited, the information from the paper copies must be input into RIA. Each DDSO and Agency will be asked to designate a staff person(s) to be responsible for ensuring that required data is entered in RIA for each use of a restrictive intervention within 5 business days of occurrence.

QUALITY IMPROVEMENT and OVERSIGHT REQUIREMENTS:

Agencies must provide adequate monitoring and oversight of all use of personal/physical intervention techniques in accordance with both the Guidelines for the Use of SCIP-R and this memorandum. The Guidelines are available on the OPWDD website:

http://www.opwdd.ny.gov/opwdd_regulations_guidance/guidance_documents/guidelines_for_scipr

TRAINING REQUIREMENTS:

Agencies are required to ensure that staff members responsible for supporting and supervising an individual whose behavior support plan incorporates the use of any physical intervention technique have:

1. Successfully completed an OPWDD-approved training course on the use of positive behavioral approaches, and crisis prevention and intervention strategies (currently the SCIP-R curriculum) on an annual basis; and
2. Have been certified or recertified in the use of SCIP-R by an Instructor, Instructor-Trainer or Master Trainer within the year. In the event that OPWDD approves a new curriculum, OPWDD may specify a period of time greater than one year before recertification is required.

All training must be appropriately documented. Retraining of staff shall occur as necessary when the behavior support plan is modified, or at least annually, whichever comes first.

cc: Commissioner Burke

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Mr. Huber

Ms. DeSanto

Ms. Delaney

Mr. Monteiro

Mr. Pattison

Ms. O'Connor-Hebert