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2	900 EMERGENCY MEASURES AND PHYSICAL MANAGEMENT					
3	TECHNIQUES					
4						
5	REVISION DATE: TBD, <u>9/30/2016</u> , 1/16/2019, <del>9/30/2016, 1/31/2014</del>					
6	REVIEW DATE: 11/29/2023					
7	EFFECTIVE DATE: JULY 31, 2014					
8	REFERENCES: A.A.C. R6-6-906, R-6-909.					
9						
10	Emergency Measures					
11	When an emergency measure, including the use of behavior modifying medications is					
12	employed to manage a sudden, intense, and out-of-control behavior, the person employing					
13	the measure must:					
14	A.—Report the circumstances immediately to the person designated by the					
15	Division, the responsible person and the Support Coordinator;					
1.6						
16 17	B.——Provide a written report of the circumstances of the emergency measure to the responsible person, the Support Coordinator, and the Program Review					
18	Committee (PRC) and the Independent Oversight Committee (IOC)					
19	chairpersons within one day; and,					
2.0	• • • • • • • • • • • • • • • • • • •					
20 21	C. Request that the Support Coordinator reconvene the Planning Team to					
21	determine the need for a new or revised behavior treatment plan when any emergency measure is used two or more times within a 30-day period, or					
23	with an identifiable pattern.					
24	The Support Coordinator is responsible for documenting in the member's case					
25	record the outcome of the Planning Team.					
26	Upon receipt of a written report as specified above, the PRC must:					
27	A Deview evaluate and track reports of emergency measures taken, and					
21	A.——Review, evaluate, and track reports of emergency measures taken; and,					
28	B.—Report, on a case-by-case basis, instances of excessive or					
29	inappropriate use of emergency measures for corrective action to a					
30	person designated by the Division.					
31	Physical Management Techniques					



32 33 Client Intervention Training (CIT) establishes specific techniques to be employed by 34 staff and providers during an emergency to manage a sudden, intense, and 35 out-of-control behavior. 36 These techniques can only be used by persons certified in CIT. Such physical 37 management techniques must: 38 -Use the least amount of intervention necessary to safely manage ar 39 individual; 40 Be used only when less restrictive methods were unsuccessful or are 41 inappropriate; 42 —Be used only when necessary to prevent the member from harming himself/herself or others, or causing severe property damage; 43 44 —Be used concurrently with the uncontrolled behavior; 45 Be continued for the least amount of time necessary to bring the 46 member's behavior under control; and, 47 F. Be appropriate to the situation to ensure safety. 48 49 Persons may be re-certified in CIT when their supervisor determines that there is a need for 50 retraining. This re-training can be accomplished by: 51 Viewing a videotape of the techniques, passing a written test, and 52 demonstrating the techniques to the satisfaction of an instructor; or, 53 Attending the entire CIT course again. 54 55 **Purpose** 56 57 This policy establishes the requirements for the use of an Emergency 58 Measure intervention during an Emergency Safety Situation. 59 **Information** 60 61 Each time an Emergency Measure is used, it should be recognized as 62 63 potential trauma to the individual. Its use can affect an individual's



relationships with support staff and have short- or long-term effects on the individual's mental health. Emergency Measures are not a substitute for treatment. Emergency Measures used for punitive purposes, discipline, staff convenience, retaliation or coercion is considered abuse and is prohibited by Article 9 and Arizona state law. The use of Emergency Measures is always a last resort safety measure when there is an imminent risk to the health and/or safety of the individual or others and only when less restrictive methods have been ineffective in resolving an Emergency Safety Situation and rapidly.

#### **Policy**

### A. Emergency Measure Interventions

- 1. Division employees or Service Provider employees providing
   direct care to a Member may use an Emergency Measure if the
   following criteria are met:
  - There is an imminent risk of serious harm or injury to the
     Member or others;
  - Other less restrictive methods were unsuccessful or inappropriate;
  - c. The Emergency Measure is implemented for the least



85 86 87 88		<u>d.</u>	amount of time necessary to manage the situation;  The Emergency Measure is performed by individuals
89			trained and certified in the use of Emergency Measures
90			and intervention techniques;
91		<u>e.</u>	The Emergency Measure is not used as a substitute for
92			treatment or as a form of punishment, coercion,
93			convenience of staff or retaliation; and
94		<u>f.</u>	The Emergency Measure is terminated as soon as it is safe
95			to do so.
96 97	<u>2.</u>	<u>The</u>	individual implementing the Emergency Measure shall:
98		<u>a.</u>	Report the circumstances of the Emergency Measure to
99			the Support Coordinator, Responsible Person, and any
100			required Division designee as soon as safe to do so but no
101			later than 24 hours after the implementation of the
102	C	ζ,	Emergency Measure.
103		<u>b.</u>	Prepare a written report describing the circumstances of
104	0,		the Emergency Measure and submit the report to the
105			Support Coordinator, Responsible Person, and the District
106			Program Review Committee chair within one Business Day.



107 108			<u>C.</u>	Request that the Support Coordinator convene the
109				Planning Team to determine the need for a new or revised
110				Behavior Plan if an Emergency Measure has been used two
111				or more times within a 30-day period or with an
112				identifiable pattern.
113		<u>3.</u>	The I	PRC, upon receipt of written reports of Emergency
114			Meas	sures, shall:
115			<u>a.</u>	Review, evaluate and track reports of Emergency Measures
116				taken; and
117			<u>b.</u>	Report instances of possible excessive or inappropriate use
118				of Emergency Measures to the Division's designee, on a
119				case-by-case basis, for corrective action.
120 121	<u>B.</u>	<u>Phy</u>	sical I	Intervention Techniques
122		<u>Phys</u>	ical In	tervention techniques may be used as an Emergency
123		Meas	sure if	the criteria in Section A(1) have been met.
124 125	<u>C.</u>	Specific One-Time Use of Psychotropic Medication		
126		Divis	sion en	nployees or Service Provider employees providing direct care
127	~	to a	<u>Memb</u>	er may implement one-time use of a Psychotropic
128		<u>Medi</u>	<u>cation</u>	as an Emergency Measure if the criteria in Section A(1)



129 130 131	have been	met and:
132	<u>a.</u>	There is a request for the one-time use of Psychotropic
133		Medication;
134	<u>b.</u>	There is a Qualified Health Care Professional's order for the
135		Psychotropic Medication; and
136	<u>C.</u>	The Psychotropic Medication is administered immediately,
137		based on the clinical judgment of the Qualified Health Care
138		Professional, or as soon as possible following the
139		prescriber's order.