

900 EMERGENCY MEASURES

REVISION DATE: 8/28/2024, 9/30/2016, 1/16/2019

REVIEW DATE: 11/29/2023

EFFECTIVE DATE: July 31, 2014

REFERENCES: A.A.C. R6-6-906, R-6-909.

PURPOSE

This policy establishes the requirements for the use of an Emergency measure intervention during an Emergency Safety Situation.

INFORMATION

Each time an Emergency Measure is used, it should be recognized as potential trauma to the Member. Its use can affect a Member's relationships with support staff and have short- or long-term effects on the Member'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 safely 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:
 - a. There is an imminent risk of serious harm or injury to the Member or others;
 - b. Other less restrictive methods were unsuccessful or inappropriate;
 - c. The Emergency Measure is implemented for the least amount of time necessary to manage the situation;
 - d. The Emergency Measure is performed by individuals trained and certified in the use of Emergency Measures and intervention techniques;
 - e. The Emergency Measure is not used as a substitute for treatment or as a form of punishment, coercion, convenience of staff or retaliation; and
 - f. The Emergency Measure is terminated as soon as it is safe to do so.

2. The individual implementing the Emergency Measure shall:
 - a. Report the circumstances of the Emergency Measure to the Support Coordinator, Responsible Person, and any required Division designee as soon as safe to do so but no later than 24 hours after the implementation of the Emergency Measure.
 - b. Prepare a written report describing the circumstances of the Emergency Measure and submit the report to the Support Coordinator, Responsible Person, and the District Program Review Committee chair within one Business Day.
 - c. Request that the Support Coordinator convene the Planning Team to determine the need for a new or revised Behavior Plan if an Emergency Measure has been used two or more times within a 30-day period or with an identifiable pattern.
3. The PRC, upon receipt of written reports of Emergency Measures, shall:
 - a. Review, evaluate and track reports of Emergency Measures taken; and

- b. Report instances of possible excessive or inappropriate use of Emergency Measures to the Division's designee, on a case-by-case basis, for corrective action.

B. Physical Intervention Techniques

Physical Intervention techniques may be used as an Emergency Measure if the criteria in Section A(1) have been met.

C. Specific One-Time Use of Psychotropic Medication

Division employees or Service Provider employees providing direct care to a Member may implement one-time use of a Psychotropic Medication as an Emergency Measure if the criteria in Section A(1) have been met and:

- a. There is a request for the one-time use of Psychotropic Medication;
- b. There is a Qualified Health Care Professional's order for the Psychotropic Medication; and
- c. The Psychotropic Medication is administered immediately, based on the clinical judgment of the Qualified Health Care Professional, or as soon as possible following the prescriber's order.