

## ADMINISTRATIVE POLICY

### 1 Philosophy

- 1.1 Emergency interventions will be used to control any unpredictable, spontaneous behavior posing a clear and present danger of serious physical harm or property damage to either the individual exhibiting the behavior or to others in his/her environment, and which cannot be immediately prevented with a less restrictive response.
- 1.2 It is not compatible with the philosophy of OPTIONS to use manual and/or mechanical restraints. Soft ties will not be utilized. However, there may be occasions when Community Support Specialists must evade to avoid immediate physical provocation from a person.
- 1.3 Emergency interventions will not be used as a substitute for the systematic behavioral intervention plan as addressed in the ISP, which is designed to change, replace, modify, or eliminate a targeted behavior.

### 2 Emergency Intervention

- 2.1 When a supported person exhibits behavior that represents a clear danger to himself/herself or others, Community Support Specialists will immediately notify either the Program Manager during daytime hours, or the on-call staff during evening or weekend hours. The on-call staff will direct Community Support Specialists to notify the appropriate agencies which may include the local police and/or County Mental Health Department based on their assessment of the situation.
- 2.2 In the case of an emergency, such as a sudden violent action on the part of a supported person (e.g., physically lashing out at others or engaging in physical self-abuse), Community Support Specialists will immediately take action to reduce the impact of the person's violent actions. Staff will take action to protect themselves and the other supported persons from physical harm. Community Support Specialists will implement de-escalation, crisis communication and evasion per assault crisis training.
- 2.3 Restrictive interventions that employ immobilization (prone containment) will strictly adhere to assault crisis training standards and will be used as a limited emergency intervention only at the Allegro Center. No other sites will use any type of physical restraint whatsoever.
- 2.4 Any time a form of emergency intervention is used, an incident report will be filed. The incident report will include, but will not be limited to, the following:

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a) the name and age of the affected person; b) the setting and location of the incident; c) the names of staff and/or any other persons involved; d) a description of the incident and of the emergency intervention used; and e) details of any injuries sustained by the affected person and/or any other persons involved. The incident report will be reported immediately to the on-site Program Manager.

### 3 Use of Psychotropic Medication

- 3.1 OPTIONS does not use chemical restraints. Further, Psychotropic medications will not be used as punishment, for the convenience of staff, as a substitute for active treatment, or in quantities that interfere with the person's ability to participate in program activities.
- 3.2 Psychotropic or behavior-altering drugs will be used only as an integral part of an individual program/service plan that is designed by the Interdisciplinary Team to lead to a less restrictive method of managing maladaptive behaviors and ultimately to the elimination of those behaviors for which the drugs are employed.
- 3.3 ISPs will specify the behaviors to be managed by medications and the time-limited (no more than 30 days) prescription by a physician.<sup>1</sup> Orders for Psycho tropic drugs will include indications for use and will be in force for no more than 30 days without a physician's written renewal order. Each renewal order will include written justification by the physician for continued use of the drug.
- 3.4 PRN prescriptions for Psycho tropic or behavior-modifying medications will be subject to 3.3 above.
- 3.5 Supported person s who attend Community Integration Services (CIS) but who reside in residential programs not operated by OPTIONS, and who receive PRN prescriptions will be subject to the following conditions:
  - 3.5.1 The supported person's residential care provider will submit a current medication sheet to the CIS Program Manager on the first of each month.

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- 3.5.2 All PRN medications will be kept in a locked box at each CIS base office.
- 3.5.3 CIS Community Support Specialists will notify the Program Manager or Chief Operating Officer *before* administering a PRN.
- 3.5.4 The CIS Program Manager will review medication sheets and evaluate the use of PRNs at each six-month ISP review.
- 3.6 Medication used to address seizure disorders will be exempt from 3.3 above.
- 3.7 Psychotropic medications will be used only when maladaptive behaviors have been identified by members of the ID Team, the physician, RN, and Program Manager, and with consultation from a psychiatrist when indicated to evaluate appropriateness of the use of Psycho tropic medications to reduce such behavior.
- 3.8 When such medications are used, requirements set forth in state and federal regulations will be followed with the RN to monitor documentation of 90-day reviews for continued use of such medications and methods for reducing dosage with ultimate discontinuation. The ISP will indicate the behaviors being modified by use of these medications and behavioral interventions to assist in reducing such behaviors.
- 3.9 Every 90 days the Program Manager, along with the RN, will review the behavioral training program progress and monitor for evaluation the continued use of medication and method for reducing dosage to ultimate discontinuation.
- 3.10 All supported persons utilizing Psycho tropic medications will be reviewed at least annually at the Human Rights Committee Meeting.

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