



Lesson Title: CDHS Policy 2.11

Prepared by: Laurie Billington, Dan Casey and John Ferullo

Expert Consultation Provided By: Dan Casey

Date Created: 2/22/12

Date Revised: 5/10/2012

Instructor Student Ratio: Site specific

Learning Objectives:

By the end of this session:

1. Participants will have a working knowledge of “Transitional Measure” and how it relates to the use of prone position as outlined in CDHS Policy 2.11
 - a. Participants will be able to determine when prone position can/cannot be used.
 - b. Participants will understand that prone position cannot exceed 5 minutes and can only be used during a Transitional Measure.
2. Participants will be able to articulate why prone restraints use has been eliminated in CDHS.

Evaluation of Objectives:

Through discussion and Instructor observation

Training Materials:

CDHS Policy 2.11 and/or Volume 7
2.11 power point presentation
Flip chart (optional)

Student Materials:

CDEHS Policy 2.11 and/or Volume 7

References:

CDHS Policy 2.11, Volume VII (7.714.53), and C.R.S. 26-20-101 through 26-20-109.

Lesson Plan:

INTRODUCTION

Discussion (optional):

Trainer Ask: "What do you know or have you heard about the risks associated with prone restraints/position?"

Highlight: Increased risk of positional asphyxia/restraint asphyxia

Definitions:

Positional asphyxia: Death that occurs because the position of a person's body interferes with respiration (breathing), and the person cannot get out of that position (Charly D. Miller Paramedic EMS Author and Educator)

Restraint asphyxia is a form of positional asphyxia that occurs during the process of subduing and restraining an individual in a manner causing ventilation compromise

Trainer Say: Generally there are two things that happen which compromise the body's ability to breathe.

1. There is a compression or restriction to movement of the ribs limiting the individual's ability to expand the chest cavity and breathe and,
2. The abdominal organs may be pushed up, restricting movement of the diaphragm and further limiting the available space for the lungs to expand

LEARNING OBJECTIVES

Slide #2:

Trainer Say: By the end of this training, you will understand why CDHS has eliminated the use of prone restraints, what is considered a "Transitional Measure" and the parameters around the use of prone position.

CDHS POLICY 2.11

Slide #3

Trainer Say: Although we'll cover some of the most important elements of the policy today, it is essential that each of you take time to read the policy thoroughly and seek clarification to ensure compliance. Use these links to access the policy, rule, and Colorado Revised Statute (refer to slide 3).

BACKGROUND/HISTORIC OVERVIEW

Slide #4

Trainer Say: There is ever increasing research and concerns surrounding the risks associated with various restraint methods used in organizations such as ours. It is and will continue to be an ongoing challenge for organizations that use such practices to balance the need to maintain safety/security with the inherent risks of physical management. As of today, our organization faces such a challenge around the use of prone restraints.

As some of you may remember, August 10, 2010 a patient died while in prone restraints at the Colorado Mental Health Institute in Pueblo. The findings suggest that the use of prone restraints contributed to this person's death, which raised public concern and called into question this practice.

Although CDHS was already in the process of addressing this issue, it was decided that immediate action must be taken in order to prevent another tragedy. In January 2010...(Refer to slide #4).

CDHS POLICY 2.11

Slide #5

Trainer Says: Today we will be focusing on CDHS Policy 2.11. Keep in mind that the same requirements and language are used in rule. The Policy was drafted to be in line with statutory requirements found in C.R.S. Title 26, Article 20 "Protection of Persons from Restraint".

SCOPE

Slide #6

Trainer Says: Who does this policy impact? Refer to slide #6

MOVING AWAY FROM PRONE RESTRAINTS

Slide #7

Trainer Says: The goal of this policy is to ensure we are using the safest practices possible to maintain the safety of those in our care. This means that we can no longer use Prone Restraints/position during a restraint episode and the only time we can place a person in the prone position is to gain control (Transitional Measure) to ensure everyone's safety. Our use of the prone position **cannot exceed 5 minutes**. The person must be moved out of the prone position as soon as it is safe to do so.

Check for Questions:

DEFINITIONS

Slide #8-10

Trainer Note: Have participants read each definition rather than reading it to them. Check for understanding after each definition.

Trainer Says: Lets go over some of the definitions found in the policy. This will help ensure we have a shared understanding as we address some of the key elements of the policy. (Refer to slides).

PHYSICAL MANAGEMENT CONTINUUM

Slide # 11

Trainer Says: Lets look at a visual representation of a physical management continuum and of the components. As you can see on the left we start with:

1. Onset of episode
2. De-escalation- At this point, the staff member(s) will utilize de-escalation techniques to help the individual regain self-control and make more thoughtful decisions.
3. Physical- If, however, our efforts to deescalate fail and we are now faced with an emergency, it may be necessary to place “hands on.” Once we put “hands on” we have entered the “Physical Management Continuum.” The continuum includes everything in red boxes. Remember we only want to begin physical management “after all attempts to verbally direct or deescalate the individual have failed.”
4. Transitional Measure- As soon as we put hands on, we move into the “Transitional Measure” of our continuum. If necessary, it is at this point that the prone position may be used to “quickly and effectively” gain “physical control of the individual in order to prevent harm to self or others.” As soon as it is safe to do so, the individual must be moved from the prone position into alternative positioning (refer to your physical management program). If the individual is held in the prone position for a period of time exceeding 5 minutes, it becomes a “prone restraint” which is prohibited under CDHS policy and Volume VII rule.
5. Restraint- If the individual continues to pose a “probable, imminent threat of bodily harm to self or others where there is the present ability to effect such harm”, it may be necessary to move the individual into a restraint (refer to your physical management program). Throughout the whole process the staff

- person(s) should be using their de-escalation skills to help the individual regain self control.
6. Hands off- As soon as it is safe to do so, the individual must be released “within 15 minutes after physical control of the individual is gained, except when precluded for safety reasons and document accordingly.”
 7. Re-Escalation- “So what happens if the individual re-escalates as you moving to a more secure location?” Let me point your attention to the yellow box at the bottom of the slide to address this question. You will notice if the individual re-escalates, it may be necessary to reenter the Physical Management Continuum as indicated by the yellow arrows. If this is the case, the individual may be moved back into the prone position to “quickly and effectively” regain “physical control of the individual in order to prevent harm to self or others” as this would be considered **a new episode (is that correct?)**

DOCUMENTATION

Slide #12

Trainer Says: It is important to remember as we talk about the Physical Management Continuum is that “Once an episode enter the physical management continuum, documentation is required per regulation and/or policy.” Looking at the previously slide it is everything in red.

“TRANSITIONAL MEASURE”

Slide #13

Trainer Says: Let’s explore this idea of “Transitional Measure” a little further just to make sure everyone understands (Refer to slide 13).

Highlight: Shall not exceed 5 minutes and this is the only time utilization of the “Prone Position” is permissible.

Check for Questions

NATIONALLY RECOGNIZED CRITERIA

Slide #14

Trainer Says: The policy provides guidelines on what Physical Management programs must have to meet a Nationally Recognized Criteria. You will see that the program must include (refer to the slide).

Slide #15

Trainer Says: The following are some examples of programs that meet the criteria outlined on the previous slide. Just to be clear, **CDHS does not specifically endorse any particular program.** This list is for reference purposes only. Any program that meets all of the requirements outlined in policy may be used.

WHAT HAS/N'T CHANGED

Slide #16

Trainer Says: Let's spend a few moments addressing what hasn't changed as a result of this policy (Refer to slide 16).

Check for Questions

Slide #17 & 18

Trainer says: What has changed (refer to slides 17 and 18)

Check for Questions

WHEN?

Slide #19

Trainer Says: All facilities/organizations must be in compliance by June 1, 2012

REPORTING AND SUBSEQUENT INVESTIGATIONS

Slide #20

Trainer Says: Lets talk about how this might impact the reporting and investigation process. First, let me say the reporting requirements have not changed. If there is an injury or abuse/neglect of a youth is suspected, you must report.

Slide #21

Trainer Says: Whether it is a Stage 1 or II, the primary purpose of any investigation is Safety.

Slide #22 and #23

Trainer Says: So what happens if an episode of a prone position last longer than 5 minutes? Is it abuse? Not necessarily.

If, for example, a child in a prone position for more than 5 minutes, you need to consider whether or not that placed the child at risk of harm? Depending on the answer to that question, it may be a reportable incident. .

Regardless of the social service outcome, it will, however, be a violation of policy.

Lets look at both Stage 1 and II investigations (Refer to slide 22).

Stage I

1. Assessing the safety of the child victim and all other children in the facility.
2. Investigation of the abuse/neglect allegations
3. Makes investigation decisions-findings

Whereas

Stage II

1. Determination of administrative culpability/licensing violations
2. Assesses the role of the facility/agency may have played in relation to abuse (i.e. administration, policies, procedures and/or practices)

Questions

Slide # 23

Trainer Says: Are there any questions?

Trainer Note: If there are questions you cannot answer, please take note and forward it to Dan Casey or Jan Kachenko for the answer.

Additionally, we are in the process of creating a FAQ sheet and your questions will help us in its development.

Thank you!!!!