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Division 6@ Licensing of Community Care Facilities
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Section 82165@ Emergency Intervention Staff Training
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CA

82165 Emergency Intervention Staff Training

(a)

The licensee shall ensure staff who use, participate in, approve, or provide visual checks of manual restraint or seclusion only use techniques specified in the Emergency Intervention Plan and which are not prohibited in Section 82102.

(b)

Staff who use, participate in, approve or provide visual checks of manual restraint or seclusion, shall have a minimum of sixteen hours of emergency intervention training and be certified for having successfully completed the training. (1) Staff who use, participate in, approve, or provide visual checks of manual restraints or seclusions, shall be trained in the manual restraint or seclusion technique utilized. (2) Staff shall maintain valid certification. (3) Staff shall have a minimum of 6 hours of annual refresher training following the initial training certification. The provisions specified in Sections 82165(c)-(e) and (g) shall also apply to this training.

(1)

Staff who use, participate in, approve, or provide visual checks of manual restraints or seclusions, shall be trained in the manual restraint or seclusion technique utilized.

(2)

Staff shall maintain valid certification.

(3)

Staff shall have a minimum of 6 hours of annual refresher training following the initial training certification. The provisions specified in Sections 82165(c)-(e) and (g) shall also apply to this training.

(c)

The training shall be provided by an individual holding a valid instructor certificate from a program for preventing and safely managing dangerous behavior. The licensee shall maintain a copy of the trainer's certificate and make it available for review, inspection, audit, and copy, upon request, by the Department.

(d)

The emergency intervention training curriculum shall address, at a minimum, the following: (1) Techniques of group and individual behavior management, including, but not limited to, crisis prevention and intervention, positive behavioral supports, and precipitating factors leading to assaultive behavior. (2) Methods of de-escalating volatile situations, including, but not limited to, non-physical intervention techniques such as crisis communication, or evasive techniques. (3) Alternative methods of handling aggressive and assaultive behavior. (4) If the licensee chooses to use manual restraints, the techniques of applying manual restraints in a safe and effective manner, ranging from the least to most restrictive type(s) of manual restraints, including, but not limited to, escorting, wall restraint, and floor containment. (5) Techniques for reintegrating the client back into the program routine after the need for the emergency intervention has ceased. (6) Methods of assessing client specific information regarding how to keep a client safe.

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Techniques of group and individual behavior management, including, but not limited to, crisis prevention and intervention, positive behavioral supports, and precipitating

factors leading to assaultive behavior.

(2)

Methods of de-escalating volatile situations, including, but not limited to, non-physical intervention techniques such as crisis communication, or evasive techniques.

(3)

Alternative methods of handling aggressive and assaultive behavior.

(4)

If the licensee chooses to use manual restraints, the techniques of applying manual restraints in a safe and effective manner, ranging from the least to most restrictive type(s) of manual restraints, including, but not limited to, escorting, wall restraint, and floor containment.

(5)

Techniques for reintegrating the client back into the program routine after the need for the emergency intervention has ceased.

(6)

Methods of assessing client specific information regarding how to keep a client safe.

(e)

Training for manual restraint and/or seclusion shall have a written competency test and a hands-on competency test administered by a certified trainer. The certified trainer shall be present for the hands-on competency test.

(f)

The administrator who will approve the continued use of a manual restraint or seclusion shall complete additional training which shall include the following: (1)

Techniques to identify staff and client behaviors, events, and environmental factors that may trigger circumstances that require the use of a manual restraint or seclusion; (2) The use of nonphysical intervention skills; (3) Choosing the least

restrictive intervention based on the individualized assessment of the client's medical, or behavioral status or condition as required by Sections 82068.2 and 82069; (4) The safe application and use of all types of manual restraints or seclusions permitted in the program, including training in how to recognize and respond to signs of physical and psychological distress, such as positional asphyxia; (5) Identification of specific behavioral changes that indicate that a manual restraint or seclusion is no longer necessary; (6) Monitoring the physical well-being of the client who is being manually restrained or secluded, including, but not limited to, respiratory and circulatory status, skin integrity, and vital signs. This shall not mean monitoring that requires training beyond basic first aid and CPR; (7) Current first aid certification and current certification in the use of cardiopulmonary resuscitation (CPR).

(1)

Techniques to identify staff and client behaviors, events, and environmental factors that may trigger circumstances that require the use of a manual restraint or seclusion;

(2)

The use of nonphysical intervention skills;

(3)

Choosing the least restrictive intervention based on the individualized assessment of the client's medical, or behavioral status or condition as required by Sections 82068.2 and 82069;

(4)

The safe application and use of all types of manual restraints or seclusions permitted in the program, including training in how to recognize and respond to signs of physical and psychological distress, such as positional asphyxia;

(5)

Identification of specific behavioral changes that indicate that a manual restraint or seclusion is no longer necessary;

(6)

Monitoring the physical well-being of the client who is being manually restrained or secluded, including, but not limited to, respiratory and circulatory status, skin integrity, and vital signs. This shall not mean monitoring that requires training beyond basic first aid and CPR;

(7)

Current first aid certification and current certification in the use of cardiopulmonary resuscitation (CPR).

(g)

All direct care staff and any other person in their direct management chain, up through and including the licensee, shall be trained in the program Emergency Intervention Plan and on each client's Individual Emergency Intervention Plan.

(h)

The licensee shall maintain a written record of the staff training. (1)

Documentation of the training received by each staff member shall be maintained in the personnel records, pursuant to Section 82066, and include: (A) Dates, hours, and description of the training completed, including name of the instructor and organization providing the training. (B) Written verification from the instructor that the staff member has successfully completed the required training and passed the competency test(s).

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Written verification from the instructor that the staff member has successfully completed the required training and passed the competency test(s).