

84322 Emergency Intervention Plan

(a)

The emergency intervention plan is to be designed and approved, in conjunction with the licensee, by an individual with the qualifications of a behavior management consultant as defined in Section 84001(b)(1). (1) The plan must be appropriate for the client population served by the group home; (2) The plan must be appropriate for the staff qualifications and staff emergency intervention training.

(1)

The plan must be appropriate for the client population served by the group home;

(2)

The plan must be appropriate for the staff qualifications and staff emergency intervention training.

(b)

The emergency intervention plan is to be included in the group home program statement.

(c)

In addition to Sections 80022 and 84022, the written emergency intervention plan must be submitted to, and approved by the Department prior to implementation. The plan must include the requirements specified in Sections 84322(d) through (h) of Section 84322.

(d)

General Provisions: (1) Name(s) of facility personnel trained to use emergency interventions. (2) A description of the continuum of emergency interventions, commencing with early interventions, specifying the emergency intervention techniques to be utilized. For each type of emergency intervention, the plan must include the following: (A) A description of each emergency intervention technique to be used. (B) Maximum time limits for each emergency intervention technique, not to exceed maximum time limits as specified in Section 84322(f) and 84300(b)(4). (C) In what situations each emergency intervention technique is not to be used. (D) Expected outcome, benefits to the child. (3) A statement specifying what emergency interventions will never be used. (4) A description of the circumstances and the types of behaviors that may require the use of emergency intervention. (5) Procedures for using age and size appropriate emergency intervention techniques. (6) Procedures for using emergency interventions if more than one child requires the use of emergency intervention at the same time. (7) Procedures for ensuring care and supervision is maintained in the facility when all available facility personnel are required for the use of emergency interventions. (8) Procedures for re-integrating the child back into the facility routine after an emergency intervention technique has been used. (9) Criteria for assessing when an emergency intervention plan needs to be modified or terminated. (10) Criteria for assessing when the facility does not have adequate resources to meet the needs of a specific child.

(1)

Name(s) of facility personnel trained to use emergency interventions.

(2)

A description of the continuum of emergency interventions, commencing with early

interventions, specifying the emergency intervention techniques to be utilized. For each type of emergency intervention, the plan must include the following: (A) A description of each emergency intervention technique to be used. (B) Maximum time limits for each emergency intervention technique, not to exceed maximum time limits as specified in Section 84322(f) and 84300(b)(4). (C) In what situations each emergency intervention technique is not to be used. (D) Expected outcome, benefits to the child.

(A)

A description of each emergency intervention technique to be used.

(B)

Maximum time limits for each emergency intervention technique, not to exceed maximum time limits as specified in Section 84322(f) and 84300(b)(4).

(C)

In what situations each emergency intervention technique is not to be used.

(D)

Expected outcome, benefits to the child.

(3)

A statement specifying what emergency interventions will never be used.

(4)

A description of the circumstances and the types of behaviors that may require the use of emergency intervention.

(5)

Procedures for using age and size appropriate emergency intervention techniques.

(6)

Procedures for using emergency interventions if more than one child requires the use of emergency intervention at the same time.

(7)

Procedures for ensuring care and supervision is maintained in the facility when all available facility personnel are required for the use of emergency interventions.

(8)

Procedures for re-integrating the child back into the facility routine after an emergency intervention technique has been used.

(9)

Criteria for assessing when an emergency intervention plan needs to be modified or terminated.

(10)

Criteria for assessing when the facility does not have adequate resources to meet the needs of a specific child.

(e)

The manual restraint plan is to be included as a component of the emergency intervention plan. If the facility will not use manual restraints, the plan must include the following: (1) Procedures for responding to a crisis situation to prevent a child who is exhibiting assaultive behavior from injuring or endangering themselves or others. (A) The external community resources to be used to assist facility personnel must be identified and listed in the plan. (B) The facility's policies and procedures concerning when and how to involve law enforcement in response to an incident involving a child residing in the facility must be included in the plan. (C) Nothing in Section 84322(e)(1)(A) or (B) shall be interpreted to require a licensee to take any action that would endanger, or to prevent a licensee from taking any action that would protect, the health and safety of children in care, staff, or others.

(1)

Procedures for responding to a crisis situation to prevent a child who is exhibiting

assaultive behavior from injuring or endangering themselves or others. (A) The external community resources to be used to assist facility personnel must be identified and listed in the plan. (B) The facility's policies and procedures concerning when and how to involve law enforcement in response to an incident involving a child residing in the facility must be included in the plan. (C) Nothing in Section 84322(e)(1)(A) or (B) shall be interpreted to require a licensee to take any action that would endanger, or to prevent a licensee from taking any action that would protect, the health and safety of children in care, staff, or others.

(A)

The external community resources to be used to assist facility personnel must be identified and listed in the plan.

(B)

The facility's policies and procedures concerning when and how to involve law enforcement in response to an incident involving a child residing in the facility must be included in the plan.

(C)

Nothing in Section 84322(e)(1)(A) or (B) shall be interpreted to require a licensee to take any action that would endanger, or to prevent a licensee from taking any action that would protect, the health and safety of children in care, staff, or others.

(f)

The manual restraint plan is to be included as a component of the emergency intervention plan. If the facility will use, or it is reasonably foreseeable that the facility will use, manual restraints, the plan must include the following: (1) Procedures for ensuring a child's safety when a manual restraint is being used including, but not limited to, the titles of facility personnel responsible for checking the child's breathing and circulation. (A) Procedures for determining when a medical examination is needed during a manual restraint, as specified in Section

84369. (2) Procedures for ensuring that: (a) the amount of time a child is restrained is limited to the amount of time when the child is presenting an immediate danger to themselves or others; (b) restraints will not cause injury to the child. Such procedures must include provisions that ensure the following: (A) A child does not remain in a manual restraint for more than 15 consecutive minutes, unless written approval to continue the restraint after the initial 15 minutes is obtained from the administrator or administrator's designee. 1. The individual who approves the continuation of restraint must be a person other than the individual who restrained the child. 2. The individual who visually checks the child after 15 minutes to ensure the child is not injured and that the child's personal needs, such as access to toilet facilities, are being met, must be a person other than the individual restraining the child. 3. After the initial 15 minutes, the individual who approves the continuation of the manual restraint observes the child's behavior while the child is being restrained to determine whether continued use of the manual restraint is justified. 4. Written approval to continue a manual restraint beyond 15 consecutive minutes must be documented in the child's record. (B) A child does not remain in a manual restraint for more than 30 consecutive minutes in a 24-hour period unless the child is still presenting a danger to themselves or others and written approval to continue the restraint after the initial 30 minutes is obtained from the administrator or administrator's designee and the facility social work staff. If facility social work staff are not onsite to provide written approval, the facility may obtain verbal approval. Written approval must be obtained within 24 hours of the verbal approval. 1. The individual who approves the continuation of the restraint must be a person other than the individual who restrained the child. 2. The child is visually checked after the initial 30 minutes, by persons other than the individuals who restrained the child, to ensure the child is not injured and that

the child's personal needs, such as access to toilet facilities, are being met. 3. After the initial 30 minutes, the individuals who approve the continuation of the restraint observe the child's behavior while the child is being restrained to determine whether continued use of the manual restraint is justified. 4. Written approval to continue the use of the manual restraint must be documented in the child's record.

(C) After the initial 30 minutes, a child placed in a manual restraint must be visually checked every 15 minutes until the manual restraint is terminated, to ensure the child is not injured, that personal needs are being met, and that the continued use of the manual restraint is justified. 1. This visual check must be documented in the child's record. 2. The person conducting the check must not be the individual who restrained the child. (D) After the initial 30 minutes, and at 30 minute intervals, if the child is still presenting a danger to themselves or others, the administrator or administrator's designee and facility social work staff must evaluate whether the facility has adequate resources to meet the child's needs. (E) Manual restraints used in excess of 60 consecutive minutes must be approved, every 30 minutes, in writing by the administrator or administrator's designee, facility social work staff and the child's authorized representative. If the child's authorized representative is not available to provide written approval, the facility may obtain verbal approval. Written approval must be obtained within 24 hours of the verbal approval. The continued use of a manual restraint shall be documented in the child's record. (F) Within 48 hours of a manual restraint of 60 cumulative minutes or longer, in a 24-hour period, the child's needs and services plan must be reviewed by the facility administrator or administrator's designee, facility social work staff and the child's authorized representative, and modified as needed. (G) Manual restraints must not exceed four (4) cumulative hours in a 24-hour period. 1. If a child continues to present an immediate danger of injuring or endangering

themselves or others, the facility must inform the child's authorized representative; and contact community emergency services to determine whether or not the child should be removed from the facility. (H) If a manual restraint exceeds two (2) hours, at regular intervals not exceeding two (2) hours, the child must be allowed to access liquids, meals and toileting and range of motion exercises. (I) Staff must make provisions for responding promptly and appropriately to a child's request for services and assistance and repositioning the child when appropriate. (3) Procedures for documenting each use of manual restraints in the child's record. (4) Procedures for reviewing each use of manual restraints with the child and authorized representative or parent. (5) Procedures for accessing community emergency services, including, but not limited to, law enforcement, if the use of emergency interventions is not effective or appropriate. (A) The facility's policies and procedures concerning when and how to involve law enforcement in response to an incident at the facility must be included in the plan. (B) Nothing in Section 84322(f)(5)(A) shall be interpreted to require a licensee to take any action that would endanger, or to prevent a licensee from taking any action that would protect, the health and safety of children in care, staff, or others. (6) Procedures for requiring a licensed professional, as defined in Section 80001 (l)(3), to approve the initiation and continued use of manual restraints, if the licensee chooses to require this authorization.

(1)

Procedures for ensuring a child's safety when a manual restraint is being used including, but not limited to, the titles of facility personnel responsible for checking the child's breathing and circulation. (A) Procedures for determining when a medical examination is needed during a manual restraint, as specified in Section 84369.

(A)

Procedures for determining when a medical examination is needed during a manual restraint, as specified in Section 84369.

(2)

Procedures for ensuring that: (a) the amount of time a child is restrained is limited to the amount of time when the child is presenting an immediate danger to themselves or others; (b) restraints will not cause injury to the child. Such procedures must include provisions that ensure the following: (A) A child does not remain in a manual restraint for more than 15 consecutive minutes, unless written approval to continue the restraint after the initial 15 minutes is obtained from the administrator or administrator's designee. 1. The individual who approves the continuation of restraint must be a person other than the individual who restrained the child. 2. The individual who visually checks the child after 15 minutes to ensure the child is not injured and that the child's personal needs, such as access to toilet facilities, are being met, must be a person other than the individual restraining the child. 3. After the initial 15 minutes, the individual who approves the continuation of the manual restraint observes the child's behavior while the child is being restrained to determine whether continued use of the manual restraint is justified. 4. Written approval to continue a manual restraint beyond 15 consecutive minutes must be documented in the child's record. (B) A child does not remain in a manual restraint for more than 30 consecutive minutes in a 24-hour period unless the child is still presenting a danger to themselves or others and written approval to continue the restraint after the initial 30 minutes is obtained from the administrator or administrator's designee and the facility social work staff. If facility social work staff are not onsite to provide written approval, the facility may obtain verbal approval. Written approval must be obtained within 24 hours of the verbal approval. 1. The individual who approves the continuation of the restraint must be a person other than the individual who restrained the child. 2. The child is visually checked after the initial 30

minutes, by persons other than the individuals who restrained the child, to ensure the child is not injured and that the child's personal needs, such as access to toilet facilities, are being met. 3. After the initial 30 minutes, the individuals who approve the continuation of the restraint observe the child's behavior while the child is being restrained to determine whether continued use of the manual restraint is justified. 4. Written approval to continue the use of the manual restraint must be documented in the child's record. (C) After the initial 30 minutes, a child placed in a manual restraint must be visually checked every 15 minutes until the manual restraint is terminated, to ensure the child is not injured, that personal needs are being met, and that the continued use of the manual restraint is justified. 1. This visual check must be documented in the child's record. 2. The person conducting the check must not be the individual who restrained the child. (D) After the initial 30 minutes, and at 30 minute intervals, if the child is still presenting a danger to themselves or others, the administrator or administrator's designee and facility social work staff must evaluate whether the facility has adequate resources to meet the child's needs. (E) Manual restraints used in excess of 60 consecutive minutes must be approved, every 30 minutes, in writing by the administrator or administrator's designee, facility social work staff and the child's authorized representative. If the child's authorized representative is not available to provide written approval, the facility may obtain verbal approval. Written approval must be obtained within 24 hours of the verbal approval. The continued use of a manual restraint shall be documented in the child's record. (F) Within 48 hours of a manual restraint of 60 cumulative minutes or longer, in a 24-hour period, the child's needs and services plan must be reviewed by the facility administrator or administrator's designee, facility social work staff and the child's authorized representative, and modified as needed. (G) Manual restraints must not exceed four (4) cumulative hours in a 24-hour period. 1. If a child continues to present an immediate danger of injuring or

endangering themselves or others, the facility must inform the child's authorized representative; and contact community emergency services to determine whether or not the child should be removed from the facility. (H) If a manual restraint exceeds two (2) hours, at regular intervals not exceeding two (2) hours, the child must be allowed to access liquids, meals and toileting and range of motion exercises. (I) Staff must make provisions for responding promptly and appropriately to a child's request for services and assistance and repositioning the child when appropriate.

(a)

the amount of time a child is restrained is limited to the amount of time when the child is presenting an immediate danger to themselves or others;

(b)

restraints will not cause injury to the child. Such procedures must include provisions that ensure the following: (A) A child does not remain in a manual restraint for more than 15 consecutive minutes, unless written approval to continue the restraint after the initial 15 minutes is obtained from the administrator or administrator's designee. 1. The individual who approves the continuation of restraint must be a person other than the individual who restrained the child. 2. The individual who visually checks the child after 15 minutes to ensure the child is not injured and that the child's personal needs, such as access to toilet facilities, are being met, must be a person other than the individual restraining the child. 3. After the initial 15 minutes, the individual who approves the continuation of the manual restraint observes the child's behavior while the child is being restrained to determine whether continued use of the manual restraint is justified. 4. Written approval to continue a manual restraint beyond 15 consecutive minutes must be documented in the child's record. (B) A child does not remain in a manual restraint for more than 30 consecutive minutes in a 24-hour period unless the child is still presenting a danger to themselves or others and written approval to continue the restraint after the initial 30 minutes is obtained from the administrator or

administrator's designee and the facility social work staff. If facility social work staff are not onsite to provide written approval, the facility may obtain verbal approval. Written approval must be obtained within 24 hours of the verbal approval.

1. The individual who approves the continuation of the restraint must be a person other than the individual who restrained the child.
2. The child is visually checked after the initial 30 minutes, by persons other than the individuals who restrained the child, to ensure the child is not injured and that the child's personal needs, such as access to toilet facilities, are being met.
3. After the initial 30 minutes, the individuals who approve the continuation of the restraint observe the child's behavior while the child is being restrained to determine whether continued use of the manual restraint is justified.
4. Written approval to continue the use of the manual restraint must be documented in the child's record.

(C) After the initial 30 minutes, a child placed in a manual restraint must be visually checked every 15 minutes until the manual restraint is terminated, to ensure the child is not injured, that personal needs are being met, and that the continued use of the manual restraint is justified.

1. This visual check must be documented in the child's record.
2. The person conducting the check must not be the individual who restrained the child.

(D) After the initial 30 minutes, and at 30 minute intervals, if the child is still presenting a danger to themselves or others, the administrator or administrator's designee and facility social work staff must evaluate whether the facility has adequate resources to meet the child's needs.

(E) Manual restraints used in excess of 60 consecutive minutes must be approved, every 30 minutes, in writing by the administrator or administrator's designee, facility social work staff and the child's authorized representative. If the child's authorized representative is not available to provide written approval, the facility may obtain verbal approval. Written approval must be obtained within 24 hours of the verbal approval. The continued use of a manual restraint shall be documented in the child's record.

(F) Within 48 hours of a manual restraint of 60 cumulative minutes or longer, in a 24-hour period, the child's needs and services plan must be reviewed by the facility administrator or

administrator's designee, facility social work staff and the child's authorized representative, and modified as needed. (G) Manual restraints must not exceed four (4) cumulative hours in a 24-hour period. 1. If a child continues to present an immediate danger of injuring or endangering themselves or others, the facility must inform the child's authorized representative; and contact community emergency services to determine whether or not the child should be removed from the facility. (H) If a manual restraint exceeds two (2) hours, at regular intervals not exceeding two (2) hours, the child must be allowed to access liquids, meals and toileting and range of motion exercises. (I) Staff must make provisions for responding promptly and appropriately to a child's request for services and assistance and repositioning the child when appropriate.

(A)

A child does not remain in a manual restraint for more than 15 consecutive minutes, unless written approval to continue the restraint after the initial 15 minutes is obtained from the administrator or administrator's designee. 1. The individual who approves the continuation of restraint must be a person other than the individual who restrained the child. 2. The individual who visually checks the child after 15 minutes to ensure the child is not injured and that the child's personal needs, such as access to toilet facilities, are being met, must be a person other than the individual restraining the child. 3. After the initial 15 minutes, the individual who approves the continuation of the manual restraint observes the child's behavior while the child is being restrained to determine whether continued use of the manual restraint is justified. 4. Written approval to continue a manual restraint beyond 15 consecutive minutes must be documented in the child's record.

1.

The individual who approves the continuation of restraint must be a person other than the individual who restrained the child.

2.

The individual who visually checks the child after 15 minutes to ensure the child is not injured and that the

child's personal needs, such as access to toilet facilities, are being met, must be a person other than the individual restraining the child.

3.

After the initial 15 minutes, the individual who approves the continuation of the manual restraint observes the child's behavior while the child is being restrained to determine whether continued use of the manual restraint is justified.

4.

Written approval to continue a manual restraint beyond 15 consecutive minutes must be documented in the child's record.

(B)

A child does not remain in a manual restraint for more than 30 consecutive minutes in a 24-hour period unless the child is still presenting a danger to themselves or others and written approval to continue the restraint after the initial 30 minutes is obtained from the administrator or administrator's designee and the facility social work staff. If facility social work staff are not onsite to provide written approval, the facility may obtain verbal approval. Written approval must be obtained within 24 hours of the verbal approval.

1. The individual who approves the continuation of the restraint must be a person other than the individual who restrained the child.
2. The child is visually checked after the initial 30 minutes, by persons other than the individuals who restrained the child, to ensure the child is not injured and that the child's personal needs, such as access to toilet facilities, are being met.
3. After the initial 30 minutes, the individuals who approve the continuation of the restraint observe the child's behavior while the child is being restrained to determine whether continued use of the manual restraint is justified.
4. Written approval to continue the use of the manual restraint must be documented in the child's record.

1.

The individual who approves the continuation of the restraint must be a person other than the individual who restrained the child.

2.

The child is visually checked after the initial 30 minutes, by persons other than the individuals who restrained the child, to ensure the child is not injured and that the child's personal needs, such as access to toilet facilities, are being met.

3.

After the initial 30 minutes, the individuals who approve the continuation of the restraint observe the child's behavior while the child is being restrained to determine whether continued use of the manual restraint is justified.

4.

Written approval to continue the use of the manual restraint must be documented in the child's record.

(C)

After the initial 30 minutes, a child placed in a manual restraint must be visually checked every 15 minutes until the manual restraint is terminated, to ensure the child is not injured, that personal needs are being met, and that the continued use of the manual restraint is justified. 1. This visual check must be documented in the child's record. 2. The person conducting the check must not be the individual who restrained the child.

1.

This visual check must be documented in the child's record.

2.

The person conducting the check must not be the individual who restrained the child.

(D)

After the initial 30 minutes, and at 30 minute intervals, if the child is still presenting a danger to themselves or others, the administrator or administrator's designee and facility social work staff must evaluate whether the facility has adequate resources to meet the child's needs.

(E)

Manual restraints used in excess of 60 consecutive minutes must be approved, every 30 minutes, in

writing by the administrator or administrator's designee, facility social work staff and the child's authorized representative. If the child's authorized representative is not available to provide written approval, the facility may obtain verbal approval. Written approval must be obtained within 24 hours of the verbal approval. The continued use of a manual restraint shall be documented in the child's record.

(F)

Within 48 hours of a manual restraint of 60 cumulative minutes or longer, in a 24-hour period, the child's needs and services plan must be reviewed by the facility administrator or administrator's designee, facility social work staff and the child's authorized representative, and modified as needed.

(G)

Manual restraints must not exceed four (4) cumulative hours in a 24-hour period. 1. If a child continues to present an immediate danger of injuring or endangering themselves or others, the facility must inform the child's authorized representative; and contact community emergency services to determine whether or not the child should be removed from the facility.

1.

If a child continues to present an immediate danger of injuring or endangering themselves or others, the facility must inform the child's authorized representative; and contact community emergency services to determine whether or not the child should be removed from the facility.

(H)

If a manual restraint exceeds two (2) hours, at regular intervals not exceeding two (2) hours, the child must be allowed to access liquids, meals and toileting and range of motion exercises.

(I)

Staff must make provisions for responding promptly and appropriately to a child's request for services and assistance and repositioning the child when appropriate.

(3)

Procedures for documenting each use of manual restraints in the child's record.

(4)

Procedures for reviewing each use of manual restraints with the child and authorized representative or parent.

(5)

Procedures for accessing community emergency services, including, but not limited to, law enforcement, if the use of emergency interventions is not effective or appropriate.(A) The facility's policies and procedures concerning when and how to involve law enforcement in response to an incident at the facility must be included in the plan. (B) Nothing in Section 84322(f)(5)(A) shall be interpreted to require a licensee to take any action that would endanger, or to prevent a licensee from taking any action that would protect, the health and safety of children in care, staff, or others.

(A)

The facility's policies and procedures concerning when and how to involve law enforcement in response to an incident at the facility must be included in the plan.

(B)

Nothing in Section 84322(f)(5)(A) shall be interpreted to require a licensee to take any action that would endanger, or to prevent a licensee from taking any action that would protect, the health and safety of children in care, staff, or others.

(6)

Procedures for requiring a licensed professional, as defined in Section 80001 (l)(3), to approve the initiation and continued use of manual restraints, if the licensee chooses to require this authorization.

(g)

The Emergency Intervention Staff Training Plan is to be included as a component of the emergency intervention plan. The plan must include the following:(1) The type, title, and a brief description of the training that all facility personnel have

completed. (2) Training requirements for new personnel. (3) The ongoing training required for existing personnel. (4) Training curriculum as specified in Section 84365(b). (5) Training schedule which identifies when staff training will be offered and provided. (6) The name(s) and qualification(s) of the instructor(s) who will provide the training.

(1)

The type, title, and a brief description of the training that all facility personnel have completed.

(2)

Training requirements for new personnel.

(3)

The ongoing training required for existing personnel.

(4)

Training curriculum as specified in Section 84365(b).

(5)

Training schedule which identifies when staff training will be offered and provided.

(6)

The name(s) and qualification(s) of the instructor(s) who will provide the training.

(h)

Procedures for an internal biannual review of the use of emergency interventions must be developed. Such procedures must include at least the following: (1) A review is to be conducted by the administrator or the administrator's designee. (2) Analysis of patterns/trends of use of emergency interventions in the previous six (6) month period, based on: (A) Review of all records related to the use of emergency interventions for accuracy and completeness. (B) Review of the use, effectiveness and duration of each emergency intervention including, a

determination of the effectiveness and appropriateness of the intervention technique used in each situation. (C) Review of the frequency of emergency interventions in the previous six (6) month period. (3) Corrective action plan, if needed. (4) The biannual review and corrective action plan must be submitted to the Department no later than the fifth (5th) day of the month following the review. (5) The licensee shall provide a copy of the biannual review and corrective action plan, if applicable, to the authorized representative upon request.

(1)

A review is to be conducted by the administrator or the administrator's designee.

(2)

Analysis of patterns/trends of use of emergency interventions in the previous six (6) month period, based on: (A) Review of all records related to the use of emergency interventions for accuracy and completeness. (B) Review of the use, effectiveness and duration of each emergency intervention including, a determination of the effectiveness and appropriateness of the intervention technique used in each situation. (C) Review of the frequency of emergency interventions in the previous six (6) month period.

(A)

Review of all records related to the use of emergency interventions for accuracy and completeness.

(B)

Review of the use, effectiveness and duration of each emergency intervention including, a determination of the effectiveness and appropriateness of the intervention technique used in each situation.

(C)

Review of the frequency of emergency interventions in the previous six (6) month period.

(3)

Corrective action plan, if needed.

(4)

The biannual review and corrective action plan must be submitted to the Department no later than the fifth (5th) day of the month following the review.

(5)

The licensee shall provide a copy of the biannual review and corrective action plan, if applicable, to the authorized representative upon request.

(i)

In addition to the requirements in Section 80068, the admission agreement must include a written statement regarding the type(s) of emergency interventions the licensee has been approved to use. (1) The facility's policy regarding the use of emergency intervention must be reviewed with the child and the authorized representative at the time of admission. (A) The licensee shall provide a copy of the approved emergency intervention plan to the authorized representative, upon request.

(1)

The facility's policy regarding the use of emergency intervention must be reviewed with the child and the authorized representative at the time of admission. (A) The licensee shall provide a copy of the approved emergency intervention plan to the authorized representative, upon request.

(A)

The licensee shall provide a copy of the approved emergency intervention plan to the authorized representative, upon request.

(j)

Only trained facility personnel as specified in Section 84365 will be allowed to use emergency interventions on children.

(k)

Prior to using the emergency intervention plan, the licensee's Board of Directors must approve the plan, and any subsequent amendments. The approval must be documented in the minutes of the Board of Directors meeting. Each board member must receive a copy of the plan prior to its use and any modifications to it.

(l)

The Department must review the emergency intervention plan, including any amendments, and notify the licensee within 30 days of the receipt of the plan, whether the plan has been approved or denied or if additional information is needed.(1) If the plan is disapproved, the licensee may appeal the decision using the procedures specified in Section 80040(d).

(1)

If the plan is disapproved, the licensee may appeal the decision using the procedures specified in Section 80040(d).

(m)

If the Department determines that the licensee has not complied with the emergency intervention plan requirements as specified in Subdivisions (a) through (k) of Section 84322, the licensee must discontinue the use of emergency interventions immediately upon written notice of deficiency by the Department.