

ALIGNMENT

Oregon Adds New Requirements for the Use of Restraints

(2021 Oregon Bill 710 / Adopted 8/6/21
and Effective 9/1/21)

Alignment to Crisis Prevention Institute, Inc.
(CPI) Training Programs

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Alignment to Crisis Prevention Institute, Inc. (CPI) - *Nonviolent Crisis Intervention*®, 2nd Edition Training Program (NCI™)

For more than 40 years, CPI has supported social services and health facilities that strive to provide the safest environment for staff. Not only will the NCI™ 2nd Edition Training program meet the expectations outlined in Oregon's bill, CPI's train-the-trainer program and its family of advanced programs also offers a comprehensive array of curriculums that can meet all the needs an organization has for supporting a violence free workplace, with an emphasis on crisis intervention and de-escalation techniques to better assist staff with achieving this goal.

Additionally, by participating in the NCI™ 2nd Edition Training program, staff will gain the skills and confidence necessary to handle crises with minimal anxiety and maximum security. The training will help staff intervene more safely when behaviors become dangerous and most importantly it won't damage the professional bond that health care staff have worked so hard to establish with their patients.

The following chart is designed to assist you in identifying some of the ways in which CPI's NCI™ 2nd Edition Training program can help facilities in the state of Oregon comply with the training and documentation requirements within this law. It may also assist you in identifying areas that may require a review and/or revision in your facility's policies and procedures.

Section 2. Prohibitions on restraint or involuntary seclusion.	Correlation with NCI™ 2 nd Edition Training
<p>(1) A child-caring agency, proctor foster home, certified foster home or developmental disabilities residential facility may not place a child in care in a restraint or involuntary seclusion as a form of discipline, punishment or retaliation or for the convenience of staff, contractors or volunteers of the child-caring agency, proctor foster home, certified foster home or developmental disabilities residential facility.</p> <p>(2) Except as provided in section 3 (4) of this 2021 Act, the use of the following types of restraint of a child in care are prohibited:</p> <ul style="list-style-type: none"> (a) Chemical restraint. (b) Mechanical restraint. (c) Prone restraint. (d) Supine restraint. (e) Any restraint that includes the nonincidental use of a solid object, including the ground, a wall or the floor, to impede a child in care's movement. (f) Any restraint that places, or creates a risk of placing, pressure on a child in care's neck or throat. (g) Any restraint that places, or creates a risk of placing, pressure on a child in care's mouth. (h) Any restraint that impedes, or creates a risk of impeding, a child in care's breathing. 	<p>The NCI™ 2nd Edition Training program uses both verbal and physical interventions. We train that the least restrictive form of intervention should always be considered and utilized first, prior to the use of any physical restraint. Within this training, we also introduce a risk assessment matrix which helps staff to consider what level of intervention to utilize based on the level of risk. The <i>Decision-Making Matrix</i>SM and Physical Skills Review both assist staff decision-making in the use of physical restraints. The physical restraints include lower-, medium-, and higher-level holding skills to safely manage risk behavior. Our Advanced Physical Skills course also includes the use of Emergency Floor Holding which is designated as higher-level holding. Beyond physical restraints, CPI does not teach or speak to any other form of restraint (such as mechanical or chemical).</p> <p>Interventions taught by CPI have been designed to minimize the risk of injury to students and staff. As such, interventions are meant to be free of pain and do not include the use of pressure points or joint locks.</p>

<ul style="list-style-type: none"> (i) Any restraint that involves the intentional placement of hands, feet, elbows, knees or any object on a child in care's neck, throat, genitals or other intimate parts (j) Any restraint that causes pressure to be placed, or creates a risk of causing pressure to be placed, on a child in care's stomach, chest, joints, throat or back by a knee, foot or elbow. (k) Any other restraint, the primary purpose of which is to inflict pain. 	<p>While no intervention is completely free from risk of injury to students or staff, all CPI interventions have been independently assessed for risk of psycho-social, soft tissue, joint, structural, neurological, cardio-vascular and respiratory injury to both students and staff.</p> <p>CPI interventions are designed to allow a student in crisis to breathe freely and without obstruction. CPI interventions do not utilize skills that apply pressure to the neck or torso, which can compromise the ability of the student to breathe. Additionally, CPI does not teach or endorse the use of masks, covers, or any object that obstructs vision or breathing of an individual.</p> <p>CPI interventions do not utilize skills that secure a student to a stationary object. However, CPI does teach emergency interventions which allow staff to respond to risk behavior while a student is in a seated or a standing position.</p>
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Section 3. Permissible use of restraint or involuntary seclusion.	Correlation with NCI™ 2nd Edition Training
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<ul style="list-style-type: none"> (1) Except as otherwise provided in this section, a child-caring agency, proctor foster home or developmental disabilities residential facility may only place a child in care in a restraint or involuntary seclusion if the child in care's behavior poses a reasonable risk of imminent serious bodily injury to the child in care or others and less restrictive interventions would not effectively reduce that risk. (2) A certified foster home may not place a child in care in a restraint or involuntary seclusion. (3) Notwithstanding subsection (1) or (2) of this section, a child-caring agency, proctor foster home, certified foster home or developmental disabilities residential facility may use the following types of restraints on a child in care: <ul style="list-style-type: none"> (a) Holding the child in care's hand or arm to escort the child in care safely and without the use of force from one area to another; (b) Assisting the child in care to complete a task if the child in care does not resist the physical contact; or (c) Using a physical intervention if: <ul style="list-style-type: none"> (A) The intervention is necessary to break up a physical fight or to effectively protect a person from an assault, serious bodily injury or sexual contact; (B) The intervention uses the least amount of physical force and contact possible; and 	<p>It is the core belief of CPI that every effort should be made to prevent the need for physical restraint. We teach that physical restraint should only be used as a very last resort when all nonphysical options have been exhausted. For last-resort circumstances, we teach safer, nonharmful restraint techniques that are the most adaptable in the industry.</p> <p>CPI's train-the-trainer model ensures that the training and the related materials are easily customizable to meet the needs of the staff engaged in the training and provides practice, roleplaying real-life scenarios, and problem solving activities to ensure that staff remain engaged in learning. In addition, our eLearning offerings are designed to be highly interactive and engaging and incorporate numerous learning strategies effective with adult learners. Our train-the-trainer model, coupled with either our highly customizable classroom materials or our interactive eLearning offering, makes it easy to roll out training to a large number of staff.</p> <p>The NCI™ 2nd Edition Training program uses both verbal and physical interventions. We train that the least restrictive form of intervention should always be considered and utilized first, prior to the use of any physical restraint. Within this training, we also introduce a risk assessment matrix which helps staff to consider what level of intervention to utilize based on the level of risk.</p>
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- (C) The intervention is not a prohibited restraint described in section 2 (2) of this 2021 Act.
- 4) Notwithstanding section 2 (2) of this 2021 Act:
- (a) The restraint described in section 2 (2)(e) of this 2021 Act may be used if the restraint is necessary to gain control of a weapon.
 - (b) The restraint described in section 2 (2)(g) of this 2021 Act may be used if the restraint is necessary for the purpose of extracting a body part from a bite.
 - (c) If a program is a secure children's inpatient treatment program or secure adolescent inpatient treatment program, the program may place a child in care in a restraint described in section 2 (2)(d) or (e) of this 2021 Act only if:
 - (A) The child in care is currently admitted to the program;
 - (B) The restraint is authorized by an order written at the time of and specifically for the current situation by a licensed medical practitioner or a licensed children's emergency safety intervention specialist;
 - (C) The restraint is used only as long as needed to prevent serious physical injury, as defined in ORS 161.015, and while no other intervention or form of restraint is possible;
 - (D) A licensed medical practitioner, children's emergency safety intervention specialist or qualified mental health professional, who is certified in the use of the type of restraint used, continuously monitors the use of the restraint and the physical and psychological well-being of the child in care at all times while the restraint is being used;
 - (E) Each individual placing the child in care in the restraint is trained, as required by the Department of Human Services by rule, in the use of the type of restraint used and the individual's training is current;
 - (F) One or more individuals with current cardiopulmonary resuscitation training are present for the duration of the restraint;
 - (G) The program has written policies that require a licensed children's emergency safety intervention specialist or other licensed practitioner to evaluate and document the physical, psychological and emotional well-being of the child in care immediately following the use of the restraint; and
 - (H) The program is in compliance with any other requirements under sections 1 to 11 of this 2021 Act, and the use of the restraint does not otherwise violate any applicable contract requirements or any state or federal law related to the use of restraints.

The *Decision-Making Matrix*SM and Physical Skills Review both assist staff decision-making in the use of physical restraints. The physical restraints include lower-, medium-, and higher-level holding skills to safely manage risk behavior. Our Advanced Physical Skills course also includes the use of Emergency Floor Holding which is designated as higher-level holding. Beyond physical restraints, CPI does not teach or speak to any other form of restraint (such as mechanical or chemical).

CPI's trauma-informed, person-centered training will help you with what to look for and how to assess workplace violence. Further, CPI's training will provide prevention techniques on verbal de-escalation and physical disengagement skills to defuse any incidents that staff cannot successfully prevent.

The NCITM 2nd Edition Training program is designed to be easily customized making it simple for staff to incorporate organizational policy into each discussion area within the curriculum. It also aids in helping create individual personalized responses for case specific situations.

CPI provides support to organizations looking to review existing policies and has the expertise to provide support and consultation around the effective implementation of any workplace violence prevention plan. CPI's Policy Development Series can be instrumental in helping your organization develop and review your organization's policies and procedures. Once policies are implemented, staff should be educated regularly on the policies and procedures. These policies and procedures should be updated as needed.

- (5) In addition to the restraints described in subsection (3) of this section, a program may place a child in care in a restraint or involuntary seclusion if:
- (a) The restraint or involuntary seclusion is used only for as long as the child in care's behavior poses a reasonable risk of imminent serious bodily injury;
 - (b) The individuals placing the child in care in the restraint are trained, as required by the department by rule, in the use of the type of restraint or involuntary seclusion used;
 - (c) The program staff continuously monitor the child in care for the duration of the restraint or involuntary seclusion; and
 - (d) The restraint or involuntary seclusion is performed in a manner that is safe, proportionate and appropriate, taking into consideration the child in care's chronological and developmental age, size, gender identity, physical, medical and psychiatric condition and personal history, including any history of physical or sexual abuse.

The use of physical (human to human) restraints is taught within our training program for use as a last resort when all less restrictive interventions have been exhausted. The staff members involved as well as observers are trained to continually assess use of physical restraints and may call to end the use of physical restraints at any time.

CPI utilizes verbal and physical maneuvers to defuse and prevent violent behavior. Prevention is what CPI training is all about. We also teach verbal de-escalation and physical disengagement skills to defuse any incidents that staff can't successfully prevent.