

ALIGNMENT

Nebraska Emergency Safety Interventions

(Title 404: Community-Based Services for Individuals
with Developmental Disabilities)

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

Nebraska Emergency Safety Interventions (Title 404: Community-Based Services for Individuals with Developmental Disabilities)

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 Nebraska's regulation, 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 Nebraska 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.

6-004.01 General Standards-Restrictive Measures	Correlation with NCI™ 2 nd Edition Training
<p>To the fullest extent possible, an individual's rights may not be suspended or restricted. In the event where a restrictive measure is considered:</p> <ol style="list-style-type: none"> 1. The restrictive measure determined necessary for one individual must not affect other individuals who receive services in that setting; 2. The restrictive measure must not be used as punishment, for the convenience of staff, due to shortage of staff, as a substitute for habilitation, or as an element of a positive behavior support plan; 3. The restrictive measure must be the least restrictive and intrusive possible; 4. There must be a goal of reducing and eliminating the restrictive measure; 5. Prior to proposing a restrictive measure, there must be documented evidence that other less restrictive methods had been regularly applied by trained staff and failed; and 6. The individual or their legal representative, if applicable, must give consent to the restrictive measure; 7. The restrictive measure must be safe for the individual 	<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>

The use of mechanical restraints is prohibited. If the provider agrees to serve an individual under 404 NAC 6 who has a physical restraint program in place at the time of the enactment of these regulations, then a program must be implemented within 180 days of enactment of these regulations which eliminates the use of such restraints. The use of physical restraints will be prohibited one year from the enactment of these regulations.

An emergency safety intervention utilized pursuant to a safety plan is allowed to respond to an emergency safety situation. This is different than physical restraint because it is not used as a behavioral consequence. In instances where the individual must be kept from harm (i.e., running into traffic, leaving a moving car or other serious, unusual or life-threatening actions by the individual), the provider must use their reasonable and best judgment to intervene to keep the individual from injuring him/herself or others. This may include hands-on guidance to safely protect the individuals and others from immediate jeopardy or physical harm.

These situations are not predictable, are unusual, and are usually not reoccurring. In any instances other than these, there must be a positive behavioral supports program in place to work with the individual on alternative positive displays of behavior that are incompatible with other negative behaviors.

All such incidents must be documented and reviewed by the individual's IPP team and rights review committee to ensure that the emergency safety intervention was appropriate rather than an instance of mechanical or physical restraint.

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.

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

Interventions taught by CPI have been designed to minimize the risk of injury to individuals and staff. As such, interventions are meant to be free of pain and do not include the use of pressure points or joint locks. While no intervention is completely free of risk from risk of injury to individuals or staff, all of CPI's interventions have been independently assessed for risk of psycho-social, soft tissue, joint, structural, neurological, cardio-vascular and respiratory injury to both individuals and staff.