



## Safe Use of SCIP-R Personal Interventions - September 2016

Strategies for Crisis Intervention and Prevention – Revised (SCIP-R) is the OPWDD approved program for training staff in the skills needed for prevention of and intervention in behavioral crises. While OPWDD is committed to the use of positive behavioral supports to avoid such crisis situations, we recognize that, despite our best efforts, it is sometimes necessary to use personal (physical) interventions to protect people from injury. At the same time, there must be an understanding that any use of personal intervention techniques poses a risk of injury to those involved. OPWDD has engaged in ongoing efforts to limit the risk of injury by evaluating the safety of personal intervention techniques and by issuing guidelines and memoranda regarding these interventions to supplement the SCIP-R curriculum. The purpose of the present memo is to remind staff of some of the more important of these safety considerations. The "restrictive" personal interventions are those which involve the restraint of an individual on the ground, and are considered to be the most intrusive and pose the greatest safety risk. These include "seated control", "side control" and "<sup>face up</sup>supine control". Restrictive interventions are to be used only in dangerous situations where serious injury could result, and only after other proactive and less restrictive personal interventions have been tried. Unnecessary use of restrictive interventions and use by staff without current SCIP-R certification must be considered to be possible cases of abuse.

When utilizing personal interventions techniques, the person's health and safety must always be considered and monitored. A minimum amount of force is to be utilized, with the hold gradually released as the person begins to calm. Always assess the possibility of moving to a less intrusive intervention, with the goal of releasing the person as soon as possible. The individual's circulation, respiration and state of consciousness must be continuously monitored. An open airway passage must be ensured. The use of any personal intervention must be terminated immediately if the individual shows signs of physical distress, such as sudden change in color, hyperventilation, difficult breathing, or vomiting. Excessive struggling may indicate severe physical distress. Staff are to be especially cautious about initiating a Restrictive Personal Intervention if a person has recently eaten a meal because of the risk of death due to aspiration. If a Restrictive Personal Intervention should be determined to be

necessary due to the critical nature of the situation, and the person has eaten recently, it is even more important to monitor for the signs of physical distress mentioned above and to attempt to have the person respond vocally to staff efforts at verbal calming.

The use of a Restrictive Personal Intervention presents a risk whenever it is employed, and should not be used when there is a medical contraindication. Such medical conditions may include cardiac or respiratory problems, gastrointestinal conditions, severe scoliosis, osteoporosis, recent fractures, and other medical problems identified by a health care professional. (This is particularly true for persons with Down Syndrome due to their particular physiognomy and because of increased potential for the dislocation of the first cervical vertebra.) If there is any question about whether a person's physical or medical condition may contraindicate the use of personal interventions, a medical professional involved with the individual must be consulted. If an individual continues to be held in a Restrictive Personal Intervention for 10 minutes, a supervisor is to be notified. The duration of the application of a single episode should not exceed 20 minutes. Subsequent to the use of any Restrictive Personal Intervention, a staff member (preferably a health care professional) is to examine the person for evidence of injury. If there is an injury that requires more than simple first aid, a 147 (Injury) must be filed. Any use of Personal Interventions other than touch control must be documented in the person's clinical record and in a site log, and include: a description of the behavior and situational/environmental conditions which necessitated the use of the intervention; the name(s) of the person(s) implementing the intervention; the personal intervention technique(s) used; the time of initiation and termination; and outcomes and results.

In 1997 OPWDD eliminated from the SCIP-R curriculum the restrictive personal intervention known as the "lying wrap-up" after its use was implicated in a number of deaths. This was a technique in which a person was restrained in a prone (face down) position on the floor. It is believed that restraints in the prone position place undue stress on the person's cardiovascular system. This, when combined with increased levels of agitation, may result in injury or death. Any utilization of SCIP-R procedure that results in a lying wrap-up, or any hold which maintains the consumer in a face-down position, is unauthorized and requires the completion of a Form 147, Allegation of Physical Abuse.