10A NCAC 27E .0108 TRAINING IN SECLUSION, PHYSICAL RESTRAINT AND ISOLATION TIME-OUT

(a) Seclusion, physical restraint and isolation time-out may be employed only by staff who have been trained and have demonstrated competence in the proper use of and alternatives to these procedures. Facilities shall ensure that staff authorized to employ and terminate these procedures are retrained and have demonstrated competence at least annually.
(b) Prior to providing direct care to people with disabilities whose treatment/habilitation plan includes restrictive interventions, staff including service providers, employees, students or volunteers shall complete training in the use of seclusion, physical restraint and isolation time-out and shall not use these interventions until the training is completed and competence is demonstrated.
(c) A prerequisite for taking this training is demonstrating competence by completion of training in preventing, reducing and eliminating the need for restrictive interventions.
(d) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.
(e) Formal refresher training must be completed by each service provider periodically (minimum annually).
(f) Content of the training that the service provider plans to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule.
(g) Acceptable training programs shall include, but are not limited to, presentation of:
   (1) refresher information on alternatives to the use of restrictive interventions;
   (2) guidelines on when to intervene (understanding imminent danger to self and others);
   (3) emphasis on safety and respect for the rights and dignity of all persons involved (using concepts of least restrictive interventions and incremental steps in an intervention);
   (4) strategies for the safe implementation of restrictive interventions;
   (5) the use of emergency safety interventions which include continuous assessment and monitoring of the physical and psychological well-being of the client and the safe use of restraint throughout the duration of the restrictive intervention;
   (6) prohibited procedures;
   (7) debriefing strategies, including their importance and purpose; and
   (8) documentation methods/procedures.
(h) Service providers shall maintain documentation of initial and refresher training for at least three years.
   (1) Documentation shall include:
      (A) who participated in the training and the outcomes (pass/fail);
      (B) when and where they attended; and
      (C) instructor's name.
   (2) The Division of MH/DD/SAS may review/request this documentation at any time.
(i) Instructor Qualification and Training Requirements:
   (1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions.
   (2) Trainers shall demonstrate competence by scoring 100% on testing in a training program teaching the use of seclusion, physical restraint and isolation time-out.
   (3) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program.
   (4) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.
   (5) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (j)(6) of this Rule.
(6) Acceptable instructor training programs shall include, but not be limited to, presentation of:
   (A) understanding the adult learner;
   (B) methods for teaching content of the course;
   (C) evaluation of trainee performance; and
   (D) documentation procedures.
   (7) Trainers shall be retrained at least annually and demonstrate competence in the use of seclusion, physical restraint and isolation time-out, as specified in Paragraph (a) of this Rule.
   (8) Trainers shall be currently trained in CPR.
(9) Trainers shall have coached experience in teaching the use of restrictive interventions at least two times with a positive review by the coach.

(10) Trainers shall teach a program on the use of restrictive interventions at least once annually.

(11) Trainers shall complete a refresher instructor training at least every two years.

(k) Service providers shall maintain documentation of initial and refresher instructor training for at least three years.

(1) Documentation shall include:

(A) who participated in the training and the outcome (pass/fail);
(B) when and where they attended; and
(C) instructor's name.

(2) The Division of MH/DD/SAS may review/request this documentation at any time.

(l) Qualifications of Coaches:

(1) Coaches shall meet all preparation requirements as a trainer.
(2) Coaches shall teach at least three times, the course which is being coached.
(3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction.

(m) Documentation shall be the same preparation as for trainers.

History Note: Authority G.S. 143B-147;
Temporary Adoption Eff. February 1, 2001;
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Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 26, 2017.