

Consumer Rights Policy

For

Chatham Trades, Inc.

February 2022

Consumer Rights Policy Record of Changes

Description of Changes	Date	Review/Revision by
Reviewed	3/2/2018	Shawn Poe
Reviewed	8/31/2020	Jessica Godfrey
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These rules set forth procedures governing the protection of consumer rights at Chatham Trades. In addition to these rules, Chatham Trades Board of Directors shall comply with the provisions of G.S. 122C, Article 3, regarding consumer rights.

DEFINITIONS

Per North Carolina Administrative Code, the following terms have the meanings specified:

1. "Abuse" means the infliction of mental or physical pain or injury by other than accidental means, or unreasonable confinement, or the deprivation by an employee of services which are necessary to the mental or physical health of the consumer. Temporary discomfort that is part of an approved and documented treatment plan or use of a documented emergency procedure shall not be considered abuse.
2. "Anti-psychotic medication" means the category of psychotropic drugs which is used to treat schizophrenia and related disorders. Examples of neuroleptic medications are Chlorpromazine, Thioridazine and Haloperidol.
3. "Basic necessity" means an essential item or substance needed to support life and health which includes, but is not limited to, a nutritionally sound balanced diet consisting of three meals per day, access to water and bathroom facilities at frequent intervals, seasonable clothing, medications prescribed by a physician, time for sleeping and frequent access to social contacts.
4. "Consent" means acceptance or agreement by a consumer or legally responsible person following receipt of information from the qualified professional who will administer the proposed treatment or procedure. Consent implies that the consumer or legally responsible person was provided with sufficient information, in a manner that the consumer or legally responsible person can understand, concerning proposed treatment, including both benefits and risks, in order to make a decision with regard to such treatment.
5. "Emergency" means a situation in which a consumer is in imminent danger of causing abuse or injury to self or others or when substantial property damage is occurring as a result of unexpected and severe forms of inappropriate behavior and rapid intervention by the staff is needed.
6. "Exploitation" means the use of a consumer's person or property for another's profit or advantage or breach of a fiduciary relationship through improper use of a consumer's person or property including situations where an individual obtains money, property or services from a consumer from undue influence, harassment, deception or fraud.
7. "Isolation time-out" means the removal of a consumer for a period of 30 minutes or more to a separate room from which exit is barred by staff, but not locked, and where there is continuous supervision by staff, for the purpose of modifying behavior.
8. "Minor consumer" means a person under 18 years of age who has neither been married nor been emancipated by a decree issued by a court of competent jurisdiction.
9. "Neglect" means the failure to provide care or services necessary to maintain the mental or physical health and well-being of the consumer.
10. "Normalization" means the utilization of culturally valued resources to establish or maintain personal behaviors, experiences and characteristics that are culturally normative or valued.
11. "Physical Restraint" means the application or use of any manual method of restraint that restricts freedom of movement; or the application or use of any physical or mechanical device that restricts freedom of movement or normal access to one's body, including material or equipment attached or adjacent to the consumer's body that he or she cannot easily remove. Holding a consumer in a therapeutic hold or other manner that restricts his or her movement constitutes manual restraint for that consumer. Mechanical devices may restrain a consumer to a bed or chair, or may be used as ambulatory restraints. Examples of mechanical devices include cuffs, ankle straps, sheets or restraining shirts, arm splints, posey mittens, and helmets. Excluded from this definition of physical restraint are physical guidance, gentle physical prompting techniques, escorting a consumer who is walking; soft ties used solely to prevent a medically ill consumer from removing intravenous tubes, indwelling catheters, cardiac monitor electrodes, or similar medical devices; and prosthetic devices or assistive technology which are designed and used to increase consumer adaptive skills. Escorting means the temporary touching or holding of the hand, wrist, arm, shoulder or back for the purpose of inducing a consumer to walk to a safe location.
12. "Protective device" means an intervention that provides support for a medically fragile consumer or enhances the safety of a self-injurious consumer. Such devices may include Geri-chairs or table top chairs to provide support and safety for a consumer with a physical handicap; devices such as seizure helmets or helmets and mittens for self-injurious behaviors; prosthetic devices or assistive technology which are

designed to increase consumer adaptive skills; or soft ties used to prevent a medically ill consumer from removing intravenous tubes, indwelling catheters, cardiac monitor electrodes, or similar medical devices. The use of a protective device for behavioral control shall comply with the requirements specified in this policy.

13. "Privileged" means authorization through Board of Directors procedures for a facility employee to provide specific treatment or habilitation services to consumers, based on the employee's education, training, experience, competence and judgment.
14. "Responsible professional" means the term as defined in G.S. 122C-3 except the "responsible professional" shall also be a qualified professional as defined in North Carolina Administrative Code.
15. "Restrictive intervention" means an intervention procedure which presents a risk of mental or physical harm to the consumer and, therefore, requires additional safeguards. Such interventions include the emergency or planned use of seclusion, physical restraint (including the use of protective devices for the purpose or with the intent of controlling unacceptable behavior), isolation time-out, and any combination thereof.
16. "Seclusion" means isolating a consumer in a separate locked room for the purpose of controlling a consumer's behavior.
17. "Treatment" means the process of providing for the physical, emotional, psychological and social needs of a consumer through services.
18. "Treatment or habilitation team" means an interdisciplinary group of qualified professionals sufficient in number and variety by discipline to assess and address the identified needs of a consumer and which is responsible for the formulation, implementation and periodic review of the consumer's treatment/habilitation plan.

GENERAL RIGHTS

POLICY ON RIGHTS RESTRICTIONS AND INTERVENTIONS

1. Chatham Trades Board of Directors shall develop policy that assures the implementation of general statutes prohibiting the use of corporal punishment (G.S. 122C-59), protecting consumers receiving treatment in a 24-hour facility (G.S. 122C-65), and protecting consumers from abuse and reporting such events (G.S.122C-66).
2. The Board of Directors shall develop and implement policy to assure that:
 - a. all instances of alleged or suspected abuse, neglect or exploitation of consumers are reported to the County Department of Social Services as specified in the "Protection of the Abused, Neglected or Exploited Disabled Adult Act" (G.S. 108A, Article 6) or "Screening of Abuse and Neglect Complaints" (G.S. 7A, Article 44); and
 - b. Procedures and safeguards are instituted in accordance with sound medical practice when a medication that is known to present serious risk to the consumer is prescribed. Particular attention shall be given to the use of neuroleptic medications.
3. In addition, Chatham Trades Board of Directors shall develop and implement policy that identifies any restrictive intervention that is prohibited from use within the facility.
4. If the Board of Directors allows the use of restrictive interventions, the policy shall identify:
 - a. the permitted restrictive interventions or allowed restrictions;
 - b. the individual responsible for informing the consumer; and
 - c. The due process procedures for an involuntary consumer who refuses the use of restrictive interventions.
5. If restrictive interventions are allowed for use within the facility, the Board of Directors shall develop and implement policy that includes:
 - a. the designation of an individual, who has been trained and who has demonstrated competence to use restrictive interventions, to provide written authorization for the use of restrictive interventions when the original order is renewed for up to a total of 24 hours in accordance with the time limits specified in North Carolina Administrative Code;
 - b. the designation of an individual to be responsible for reviews of the use of restrictive interventions; and
 - c. The establishment of a process for appeal for the resolution of any disagreement over the planned use of a restrictive intervention.

6. If restrictive interventions are allowed for use within the facility, the Board of Directors shall develop and implement policies which require that:
 - a. positive alternatives and less restrictive interventions are considered and are used whenever possible prior to the use of more restrictive interventions; and
 - b. consideration is given to the consumer's physical and psychological well-being before, during and after utilization of a restrictive intervention, including:
 - i. Review of the consumer's health history or the comprehensive health assessment conducted upon admission to a facility. The health history or comprehensive health assessment shall include the identification of pre-existing medical conditions or any disabilities and limitations that would place the consumer at greater risk during the use of restrictive interventions;
 - ii. continuous assessment and monitoring of the physical and psychological well-being of the consumer and the safe use of physical restraint throughout the duration of the restrictive intervention by staff who are physically present and trained in the use of emergency safety interventions;
 - iii. continuous monitoring by an individual trained in the use of cardiopulmonary resuscitation of the consumer's physical and psychological well-being during the use of manual restraint; and
 - iv. continued monitoring by an individual trained in the use of cardiopulmonary resuscitation of the consumer's physical and psychological well-being for a minimum of 30 minutes subsequent to the termination of a restrictive intervention; and
 - c. Following the utilization of a restrictive intervention, staff shall conduct debriefing and planning with the consumer and the legally responsible person, if applicable, as specified in North Carolina Administrative Code, to eliminate or reduce the probability of the future use of restrictive interventions. Debriefing and planning shall be conducted, as appropriate, to the level of cognitive functioning of the consumer.

SUSPENSION AND EXPULSION POLICY

1. Each consumer shall be free from threat or fear of unwarranted suspension or expulsion from the facility.
2. The Board of Directors shall develop and implement policy for suspension or expelling a consumer from a service. [See policy on "Suspensions, Dismissals & Discharges."] The policy shall address the criteria to be used for a suspension, expulsion or other discharge not mutually agreed upon and shall establish documentation requirements that include:
 - a. the specific time and conditions for resuming services following suspension;
 - b. efforts by staff of the facility to identify an alternative service to meet the consumer's needs and designation of such service; and
 - c. The discharge plan, if any.

SEARCH AND SEIZURE POLICY

1. Each consumer shall be free from unwarranted invasion of privacy.
2. The Board of Directors shall develop and implement policy that specifies the conditions under which searches of the consumer or his living area may occur, and if permitted, the procedures for seizure of the consumer's belongings, or property in the possession of the consumer.
3. Every search or seizure shall be documented. Documentation shall include:
 - a. scope of search;
 - b. reason for search;
 - c. procedures followed in the search;
 - d. a description of any property seized; and
 - e. An account of the disposition of seized property.

PERIODIC INTERNAL REVIEW

1. The Board of Directors shall assure the conduct, no less than every three years, of a compliance review in each of its facilities regarding the implementation of Consumer Rights Rules as specified in North Carolina Administrative Code.
2. The review shall assure that:

- a. there is compliance with applicable provisions of the federal law governing advocacy services to the mentally ill, as specified in the Protection and Advocacy for Mentally Ill Individuals Act of 1986(Public Law 99-319) and amended by Public Law 100-509 (1988); and
 - b. There is compliance with applicable provisions of the federal laws governing advocacy services to the developmentally disabled, the Developmental Disabilities Assistance and Bill of Rights Act, 42 U.S.C.6000 ET. seq.
3. The Board of Directors shall maintain the three most recent written reports of the findings of such reviews.

INFORMING CONSUMERS AND STAFF OF RIGHTS

INFORMING CONSUMERS

1. A written summary of consumer rights as specified in “Clients' Rights and Advance Instruction” (G.S. 122C, Article 3) shall be made available to each consumer and legally responsible person.
2. Each consumer shall be informed of his right to contact Disability Rights North Carolina, the statewide agency designated under federal and State law to protect and advocate the rights of persons with disabilities.
3. Each consumer shall be informed regarding the issues specified in Paragraph 4 and, if applicable in Paragraph 5, of this section, upon admission or entry into a service, or within three visits;
 - Explanation shall be in a manner consistent with the consumer's or legally responsible person's level of comprehension.
4. The information provided to the consumer or legally responsible person shall include:
 - a. the rules that the consumer is expected to follow and possible penalties for violations of the rules;
 - b. the consumer's protections regarding disclosure of confidential information, as delineated in general statute;
 - c. the procedure for obtaining a copy of the consumer's treatment/habilitation plan; and
 - d. Board of Directors policy regarding:
 - i. fee assessment and collection practices for treatment/habilitation services;
 - ii. grievance procedures including the individual to contact and a description of the assistance the consumer will be provided;
 - iii. suspension and expulsion from service; and
 - iv. Search and seizure.
5. In addition, for the consumer whose treatment/habilitation is likely to include the use of restrictive interventions, , the consumer or legally responsible person shall also be informed:
 - a. of the purposes, goals and reinforcement structure of any behavior management system that is allowed;
 - b. of potential restrictions or the potential use of restrictive interventions;
 - c. of notification provisions regarding emergency use of restrictive intervention procedures;
 - d. that the legally responsible person of a minor or incompetent adult consumer may request notification after any occurrence of the use of restrictive intervention;
 - e. that the competent adult consumer may designate an individual to receive notification, after any occurrence of the use of restrictive intervention if the client or his legally responsible person consents in writing to the release; and
 - f. Of notification provisions regarding the restriction of consumer rights as specified in general statutes.
 - g. There shall be documentation in the consumer record that consumer rights have been explained.

INFORMING STAFF

The Board of Directors shall develop and implement policy to assure that all staff is kept informed of the rights of consumers as specified in general statutes, all applicable rules, and policies of the Board of Directors. Documentation of receipt of information shall be signed by each staff member and maintained by the facility.

GENERAL CIVIL, LEGAL AND HUMAN RIGHTS

SOCIAL INTEGRATION

Each consumer shall be encouraged to participate in appropriate and generally acceptable social interactions and activities with other consumers and non-consumer members of the community. A consumer shall not be prohibited

from such social interactions unless restricted in writing in the consumer record in accordance with general statutes.

CONSUMER SELF-GOVERNANCE

The Board of Directors shall develop and implement policy which allows consumer input into facility governance and the development of consumer self-governance groups.

INFORMED CONSENT

1. Each consumer, or legally responsible person, shall be informed, in a manner that the consumer or legally responsible person can understand, about:
 - a. the alleged benefits, potential risks, and possible alternative methods of treatment/habilitation; and
 - b. The length of time for which the consent is valid and the procedures that are to be followed if he chooses to withdraw consent. The length of time for consent for the planned use of a restrictive intervention shall not exceed six months.
2. A consent required for planned interventions specified by the rules in North Carolina Administrative Code shall be obtained in writing. Other procedures requiring written consent shall include, but are not limited to, the prescription or administration of the following drugs:
 - a. Antabuse; and
 - b. Depo-Provera when used for non-FDA approved uses.
3. Each consumer or legally responsible person has the right to consent or refuse treatment/habilitation in accordance with general statutes. A consumer's refusal of consent shall not be used as the sole grounds for termination or threat of termination of service unless the procedure is the only viable treatment/habilitation option available at the facility.
4. Documentation of informed consent shall be placed in the consumer's record.

PROTECTION FROM HARM, ABUSE, NEGLECT OR EXPLOITATION

1. Employees shall protect consumers from harm, abuse, neglect and exploitation in accordance with general statutes. [See Appendix 1 – G.S. 122C-65, Appendix 2 – G.S. 122C-66
2. Employees shall not subject a consumer to any sort of abuse or neglect, as defined in this policy.
3. Goods or services shall not be sold to or purchased from a consumer except through established Board of Directors policy.
4. Employees shall use only that degree of force necessary to repel or secure a violent and aggressive consumer and which is permitted by Board of Directors policy. The degree of force that is necessary depends upon the individual characteristics of the consumer (such as age, size and physical and mental health) and the degree of aggressiveness displayed by the consumer. Use of intervention procedures shall be in compliance with North Carolina Administrative Code.
5. Any violation by an employee of Paragraphs 1 through 4 of this section shall be grounds for dismissal of the employee.

TREATMENT OR HABILITATION RIGHTS

PROTECTIONS REGARDING INTERVENTIONS PROCEDURES

LEAST RESTRICTIVE ALTERNATIVE

1. Chatham Trades shall provide services/supports that promote a safe and respectful environment. These include:
 - a. using the least restrictive and most appropriate settings and methods;
 - b. promoting coping and engagement skills that are alternatives to injurious behavior to self or others;
 - c. providing choices of activities meaningful to the consumers served/supported; and
 - d. Sharing of control over decisions with the consumer/legally responsible person and staff.
2. The use of a restrictive intervention procedure designed to reduce a behavior shall always be accompanied by actions designed to insure dignity and respect during and after the intervention. These include:
 - a. using the intervention as a last resort; and
 - b. Employing the intervention by people trained in its use.

PROHIBITED PROCEDURES

At Chatham Trades the following types of procedures shall be prohibited:

1. those interventions which have been prohibited by statute or rule which shall include:
 - a. any intervention which would be considered corporal punishment under general statutes;
 - b. the contingent use of painful body contact;
 - c. substances administered to induce painful bodily reactions, exclusive of Antabuse;
 - d. electric shock (excluding medically administered electroconvulsive therapy);
 - e. insulin shock;
 - f. unpleasant tasting foodstuffs;
 - g. contingent application of any noxious substances which include but are not limited to noise, bad smells or splashing with water; and
 - h. Any potentially physically painful procedure, excluding prescribed injections, or stimulus which is administered to the consumer for the purpose of reducing the frequency or intensity of a behavior.
2. Those interventions determined by the Board of Directors to be unacceptable for or prohibited from use in the facility.

GENERAL POLICIES REGARDING INTERVENTION PROCEDURES

1. The following procedures shall only be employed when clinically or medically indicated as a method of therapeutic treatment:
 - a. planned non-attention to specific undesirable behaviors when those behaviors are health threatening;
 - b. contingent deprivation of any basic necessity; or
 - c. Other professionally acceptable behavior modification procedures that are not under Prohibited Procedures above.
2. The determination that a procedure is clinically or medically indicated, and the authorization for the use of such treatment for a specific consumer, shall only be made by either a physician or a licensed practicing psychologist who has been formally trained and privileged in the use of the procedure.

SECLUSION, PHYSICAL RESTRAINT AND ISOLATION TIME-OUT AND PROTECTIVE DEVICES USED FOR BEHAVIORAL CONTROL

1. Chatham Trades does not use seclusion or isolation time-out.
2. This Rule governs the use of other restrictive interventions which shall include:
 - a. physical restraint; and
 - b. Protective devices used for behavioral control.
3. The use of restrictive interventions shall be limited to:
 - a. emergency situations, in order to terminate a behavior or action in which a consumer is in imminent danger of abuse or injury to self or other persons or when property damage is occurring that poses imminent risk of danger of injury or harm to self or others; or
 - b. As a planned measure of therapeutic treatment as specified in this section.
4. Restrictive interventions shall not be employed as a means of coercion, punishment or retaliation by staff or for the convenience of staff or due to inadequacy of staffing. Restrictive interventions shall not be used in a manner that causes harm or abuse.
5. In accordance with this policy, the Board of Directors shall have policy that delineates the permissible use of restrictive interventions within Chatham Trades.
6. The policy and procedures shall be in accordance with the following provisions:
 - a. the requirement that positive and less restrictive alternatives are considered and attempted whenever possible prior to the use of more restrictive interventions;

- b. consideration is given to the consumer's physical and psychological well-being before, during and after utilization of a restrictive intervention, including:
 - i. Review of the consumer's health history or the consumer's comprehensive health assessment conducted upon admission to the facility. The health history or comprehensive health assessment shall include the identification of pre-existing medical conditions or any disabilities and limitations that would place the consumer at greater risk during the use of restrictive interventions;
 - ii. continuous assessment and monitoring of the physical and psychological well-being of the consumer and the safe use of restraint throughout the duration of the restrictive intervention by staff who are physically present and trained in the use of emergency safety interventions;
 - iii. continuous monitoring by an individual trained in the use of cardiopulmonary resuscitation of the consumer's physical and psychological well-being during the use of manual restraint; and
 - iv. continued monitoring by an individual trained in the use of cardiopulmonary resuscitation of the consumer's physical and psychological well-being for a minimum of 30 minutes subsequent to the termination of a restrictive intervention;
- c. the process for identifying, training, assessing competence of facility employees who may authorize and implement restrictive interventions;
- d. the duties and responsibilities of responsible professionals regarding the use of restrictive interventions;
- e. the person responsible for documentation when restrictive interventions are used (see Restrictive Interventions Policy);
- f. the person responsible for the notification of others when restrictive interventions are used; and
- g. the person responsible for checking the consumer's physical and psychological well-being and assessing the possible consequences of the use of a restrictive intervention and, in such cases there shall be procedures regarding:
 - i. documentation if a consumer has a physical disability or has had surgery that would make affected nerves and bones sensitive to injury; and
 - ii. the identification and documentation of alternative emergency procedures, if needed;
- h. Whenever a restrictive intervention is utilized, documentation shall be made in the consumer record to include, at a minimum:
 - i. notation of the consumer's physical and psychological well-being;
 - ii. notation of the frequency, intensity and duration of the behavior which led to the intervention, and any precipitating circumstance contributing to the onset of the behavior;
 - iii. the rationale for the use of the intervention, the positive or less restrictive interventions considered and used and the inadequacy of less restrictive intervention techniques that were used;
 - iv. a description of the intervention and the date, time and duration of its use;
 - v. a description of accompanying positive methods of intervention;
 - vi. a description of the debriefing and planning with the consumer and the legally responsible person, if applicable, for the emergency use of physical restraint to eliminate or reduce the probability of the future use of restrictive interventions;
 - vii. a description of the debriefing and planning with the consumer and the legally responsible person, if applicable, for the planned use of physical restraint, if determined to be clinically necessary; and
 - viii. Signature and title of the facility employee who initiated, and of the employee who further authorized the use of the intervention.
- i. The emergency use of restrictive interventions shall be limited, as follows:
 - i. a facility employee approved to administer emergency interventions may employ such procedures for up to 15 minutes without further authorization;
 - ii. the continued use of such interventions shall be authorized only by the responsible professional or another qualified professional who is approved to use and to authorize the use of the restrictive intervention based on experience and training;
 - iii. The responsible professional shall meet with and conduct an assessment that includes the physical and psychological well-being of the consumer and write a continuation

authorization as soon as possible after the time of initial employment of the intervention. If the responsible professional or a qualified professional is not immediately available to conduct an assessment of the consumer, but concurs that the intervention is justified after discussion with the facility employee, continuation of the intervention may be verbally authorized until an on-site assessment of the consumer can be made;

- iv. a verbal authorization shall not exceed three hours after the time of initial employment of the intervention; and
- v. Each written order for physical restraints limited to four hours for adult consumers and two hours for adolescent consumers ages 16 to 17. (Chatham Trades only serves individuals age 16 or older.) The original order shall only be renewed in accordance with these limits or up to a total of 24 hours.
- j. The following precautions and actions shall be employed whenever a consumer is in:
 - i. physical restraint, including a protective device when used for the purpose or with the intent of controlling unacceptable behavior: periodic observation of the consumer shall occur at least every 15 minutes, or more often as necessary, to assure the safety of the consumer, attention shall be paid to the provision of regular meals, bathing and the use of the toilet; and such observation and attention shall be documented in the consumer record;
 - ii. physical restraint and may be subject to injury: a facility employee shall remain present with the consumer continuously.
- k. The use of a restrictive intervention shall be discontinued immediately at any indication of risk to the consumer's health or safety or immediately after the consumer gains behavioral control. If the consumer is unable to gain behavioral control within the time frame specified in the authorization of the intervention, anew authorization must be obtained.
- l. The written approval of the designee of the Board of Directors shall be required when the original order for a restrictive intervention is renewed for up to a total of 24 hours in accordance with the limits specified above.
- m. Standing orders or PRN orders shall not be used to authorize the use of physical restraint.
- n. The use of a restrictive intervention shall be considered a restriction of the consumer's rights as specified in general statutes. The documentation requirements in this rule shall satisfy the requirements specified in general statutes for rights restrictions.
- o. When any restrictive intervention is utilized for a consumer, notification of others shall occur as follows:
 - i. those to be notified as soon as possible but within 24 hours of the next working day, to include:
 - 1. the treatment or habilitation team, or its designee, after each use of the intervention; and
 - 2. a designee of the Board of Directors; and
 - ii. the legally responsible person of a minor consumer or an incompetent adult consumer shall be notified immediately unless she/he has requested not to be notified.
- p. Chatham Trades shall conduct reviews and reports on any and all use of restrictive interventions, including:
 - i. a regular review by a designee of the Board of Directors, and review by the Consumer Rights Committee, in compliance with confidentiality rules as specified in North Carolina Administrative Code.
 - ii. an investigation of any unusual or possibly unwarranted patterns of utilization; and
 - iii. documentation of the following shall be maintained on a log:
 - 1. name of the consumer;
 - 2. name of the responsible professional;
 - 3. date of each intervention;
 - 4. time of each intervention;
 - 5. type of intervention;
 - 6. duration of each intervention;
 - 7. reason for use of the intervention;

8. positive and less restrictive alternatives that were used or that were considered but not used and why those alternatives were not used;
 9. debriefing and planning conducted with the consumer, legally responsible person, if applicable, and staff, as specified in this policy, to eliminate or reduce the probability of the future use of restrictive interventions; and
 10. negative effects of the restrictive intervention, if any, on the physical and psychological well-being of the consumer.
- q. Chatham Trades shall collect and analyze data on the use of physical restraint. The data collected and analyzed shall reflect for each incident:
- i. the type of procedure used and the length of time employed;
 - ii. alternatives considered or employed; and
 - iii. the effectiveness of the procedure or alternative employed.
- Chatham Trades shall analyze the data on at least a quarterly basis to monitor effectiveness, determine trends and take corrective action where necessary. Chatham Trades shall make the data available to the Secretary of Health and Human Services upon request.
- r. Nothing in this policy shall be interpreted to prohibit the use of voluntary restrictive interventions at the consumer's request; however,
7. The restrictive intervention shall be considered a planned intervention and shall be included in the consumer's treatment/habilitation plan whenever it is used:
 - a. more than four times, or for more than 40 hours, in a calendar month;
 - b. in a single episode in which the original order is renewed for up to a total of 24 hours in accordance with the limit specified in this policy;
 8. The restrictive intervention shall also be considered a planned intervention and shall be included in the consumer's treatment/habilitation plan whenever it is used as a measure of therapeutic treatment designed to reduce dangerous, aggressive, self-injurious or undesirable behaviors to a level which will allow the use of less restrictive treatment or habilitation procedures.
 9. When a restrictive intervention is used as a planned intervention, facility policy shall specify:
 - a. the requirement that a consent or approval shall be considered valid for no more than six months and that the decision to continue the specific intervention shall be based on clear and recent behavioral evidence that the intervention is having a positive impact and continues to be needed;
 - b. prior to the initiation or continued use of any planned intervention, the following written notifications, consents and approvals shall be obtained and documented in the consumer record:
 - i. approval of the plan by the responsible professional and the treatment and habilitation team, if applicable, shall be based on an assessment of the consumer and a review of the documentation required by this policy if applicable;
 - ii. consent of the consumer or legally responsible person, after participation in treatment planning and after the specific intervention and the reason for it have been explained in accordance with North Carolina Administrative Code.
 - iii. notification of an advocate/consumer rights representative that the specific intervention has been planned for the consumer and the rationale for utilization of the intervention; and
 - iv. physician approval, after an initial medical examination, when the plan includes a specific intervention with reasonably foreseeable physical consequences. In such cases, periodic planned monitoring by a physician shall be incorporated into the plan.
 - c. within 30 days of initiation of the use of a planned intervention, the Consumer Rights Committee established in accordance with this policy, by majority vote, may recommend approval or disapproval of the plan or may abstain from making a recommendation;
 - d. within any time during the use of a planned intervention, if requested, the Consumer Rights Committee shall be given the opportunity to review the treatment/habilitation plan;
 - e. if any of the persons or committees specified in this policy do not approve the initial use or continued use of a planned intervention, the intervention shall not be initiated or continued. Appeals regarding the resolution of any disagreement over the use of the planned intervention shall be handled in accordance with Board of Directors policy; and
 - f. documentation in the consumer record regarding the use of a planned intervention shall indicate:

- i. description and frequency of debriefing with the consumer, legally responsible person, if applicable, and staff if determined to be clinically necessary. Debriefing shall be conducted as to the level of cognitive functioning of the consumer;
- ii. bi-monthly evaluation of the planned intervention by the responsible professional who approved the planned intervention; and
- iii. review, at least monthly, by the treatment/habilitation team that approved the planned intervention.

PROTECTIVE DEVICES

1. Whenever a protective device is utilized for a consumer, the Board of Directors shall develop and implement policy to ensure that:
 - a. the necessity for the protective device has been assessed and the device is applied by a facility employee who has been trained and has demonstrated competence in the utilization of protective devices;
 - b. the use of positive and less restrictive alternatives have been reviewed and documented and the protective device selected is the appropriate measure;
 - c. The consumer is frequently observed and provided opportunities for toileting, exercise, etc. as needed. When a protective device limits the consumer's freedom of movement, the consumer shall be observed at least every hour. Whenever the consumer is restrained and subject to injury by another consumer, a facility employee shall remain present with the consumer continuously. Observations and interventions shall be documented in the consumer record;
 - d. protective devices are cleaned at regular intervals; and
 - e. The utilization of protective devices in the treatment/habilitation plan shall be subject to review by the Consumer Rights Committee, as required in the North Carolina Administrative Code. Copies of this Rule and other pertinent rules are published as Division publication RULES FOR MENTAL HEALTH, DEVELOPMENTAL DISABILITIES AND SUBSTANCE ABUSE SERVICES, APSM 30-1.
2. The use of any protective device for the purpose or with the intent of controlling unacceptable behavior shall comply with the requirements of this policy.

INTERVENTION ADVISORY COMMITTEE

1. Chatham Trades Consumer Rights Committee has been established to provide additional safeguards in the use of restrictive interventions as planned interventions as specified in this policy.
2. The membership of the Consumer Rights Committee shall include at least one person who is or has been a consumer of direct services provided by the Board of Directors or who is a close relative of a consumer.
3. The Consumer Rights Committee shall have a member or a regular independent consultant who is a professional with training and expertise in the use of the type of interventions being utilized, and who is not directly involved in the treatment or habilitation of the consumer.
4. The Consumer Rights Committee shall:
 - a. have policy that governs its operation and requirements that:
 - i. access to consumer information shall be given only when necessary for committee members to perform their duties;
 - ii. committee members shall have access to consumer records on a need to know basis only upon the written consent of the consumer or his legally responsible person as specified in general statutes; and
 - iii. Information in the consumer record shall be treated as confidential information in accordance with general statutes.
 - b. receive specific training and orientation as to the charge of the committee;
 - c. be provided with copies of appropriate statutes and rules governing consumer rights and related issues;
 - d. be provided, when available, with copies of literature about the use of a proposed intervention and any alternatives;
 - e. maintain minutes of each meeting; and
 - f. Make an annual written report to the Board of Directors on the activities of the committee.

TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS

1. Chatham Trades shall implement policies and practices that emphasize the use of alternatives to restrictive interventions.
2. Prior to providing services to people with disabilities, staff including employees, students or volunteers, shall demonstrate competence by successfully completing training in communication skills and other strategies for creating an environment in which the likelihood of imminent danger of abuse or injury to a person with disabilities or others or property damage is prevented.
3. Chatham Trades shall establish training based on state competencies, monitor for internal compliance and demonstrate they acted on data gathered.
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. At a minimum, formal refresher training must be completed by each direct care worker annually.
6. Content of the training must be approved by the Division of MH/DD/SAS.
7. Staff shall demonstrate competence in the following core areas:
 - a. knowledge and understanding of the people being served;
 - b. recognizing and interpreting human behavior;
 - c. recognizing the effect of internal and external stressors that may affect people with disabilities;
 - d. strategies for building positive relationships with persons with disabilities;
 - e. recognizing cultural, environmental and organizational factors that may affect people with disabilities;
 - f. recognizing the importance of and assisting in the person's involvement in making decisions about their life;
 - g. skills in assessing individual risk for escalating behavior;
 - h. communication strategies for defusing and de-escalating potentially dangerous behavior; and
 - i. Positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe).
8. Service providers shall maintain documentation of initial and refresher training for at least three years.
 - a. Documentation shall include:
 - i. who participated in the training and the outcomes (pass/fail);
 - ii. when and where they attended; and
 - iii. Instructor's name.
 - b. The Division of MH/DD/SAS may review/request this documentation at any time.
9. Instructor Qualifications and Training Requirements:
 - a. Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions.
 - b. Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program.
 - c. 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.
 - d. The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS.
 - e. Acceptable instructor training programs shall include but are not limited to presentation of:
 - i. understanding the adult learner;
 - ii. methods for teaching content of the course;
 - iii. methods for evaluating trainee performance; and
 - iv. Documentation procedures.
 - f. Trainers shall have coached experience teaching a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least one time, with positive review by the coach.
 - g. Trainers shall teach a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least once annually.
 - h. Trainers shall complete a refresher instructor training at least every two years.
10. Service providers shall maintain documentation of initial and refresher instructor training for at least three years.

- a. Documentation shall include:
 - i. who participated in the training and the outcomes (pass/fail);
 - ii. when and where attended; and
 - iii. Instructor's name.
 - b. The Division of MH/DD/SAS may request and review this documentation any time.
11. Qualifications of Coaches:
- a. Coaches shall meet all preparation requirements as a trainer.
 - b. Coaches shall teach at least three times the course which is being coached.
 - c. Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction.
12. Documentation shall be the same preparation as for trainers.

TRAINING IN SECLUSION, PHYSICAL RESTRAINT AND ISOLATION TIMEOUT

1. Chatham Trades does not use seclusion or isolation timeout as interventions.
2. Physical restraint may be employed only by staff that have been trained and have demonstrated competence in the proper use of and alternatives to these procedures. Chatham Trades shall ensure that staff authorized to employ and terminate these procedures are retrained and have demonstrated competence at least annually.
3. Prior to providing direct care to people with disabilities whose treatment/habilitation plan includes restrictive interventions, staff including employees, students or volunteers shall complete training in the use of physical restraint and shall not use these interventions until the training is completed and competence is demonstrated.
4. A pre-requisite for taking this training is demonstrating competence by completion of training in preventing, reducing and eliminating the need for restrictive interventions.
5. 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.
6. At a minimum, formal refresher training must be completed by each direct care worker annually.
7. Content of the training must be approved by the Division of MH/DD/SAS.
8. Acceptable training programs shall include, but are not limited to, presentation of:
 - a. refresher information on alternatives to the use of restrictive interventions;
 - b. guidelines on when to intervene (understanding imminent danger to self and others);
 - c. 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);
 - d. strategies for the safe implementation of restrictive interventions;
 - e. the use of emergency safety interventions which include continuous assessment and monitoring of the physical and psychological well-being of the consumer and the safe use of restraint throughout the duration of the restrictive intervention;
 - f. prohibited procedures;
 - g. debriefing strategies, including their importance and purpose; and
 - h. Documentation methods/procedures.
9. Chatham Trades shall maintain documentation of initial and refresher training for at least three years.
 - a. Documentation shall include:
 - i. who participated in the training and the outcomes (pass/fail);
 - ii. when and where they attended; and
 - iii. Instructor's name.
 - b. The Division of MH/DD/SAS may review/request this documentation at any time.
10. Instructor Qualification and Training Requirements:
 - a. Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions.
 - b. Trainers shall demonstrate competence by scoring 100% on testing in a training program teaching the use of seclusion, physical restraint and isolation time-out.
 - c. Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program.
 - 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. The content of the instructor training shall be approved by the Division of MH/DD/SAS
 - f. Acceptable instructor training programs shall include, but not be limited to, presentation of:
 - i. understanding the adult learner;
 - ii. methods for teaching content of the course;
 - iii. evaluation of trainee performance; and
 - iv. Documentation procedures.
 - g. Trainers shall be retrained at least annually and demonstrate competence in the use of seclusion, physical restraint and isolation time-out.
 - h. Trainers shall be currently trained in CPR.
 - i. Trainers shall have coached experience in teaching the use of restrictive interventions at least two times with a positive review by the coach.
 - j. Trainers shall teach a program on the use of restrictive interventions at least once annually.
 - k. Trainers shall complete a refresher instructor training at least every two years.
11. Service providers shall maintain documentation of initial and refresher instructor training for at least three years.
- a. Documentation shall include:
 - i. who participated in the training and the outcome (pass/fail);
 - ii. when and where they attended; and
 - iii. Instructor's name.
 - b. The Division of MH/DD/SAS may review/request this documentation at any time.
12. Qualifications of Coaches:
- a. Coaches shall meet all preparation requirements as a trainer.
 - b. Coaches shall teach at least three times, the course which is being coached.
 - c. Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction.
13. Documentation shall be the same preparation as for trainers.

PROTECTIONS REGARDING MEDICATIONS

SAFEGUARDS REGARDING MEDICATIONS

1. The use of experimental drugs or medication shall be considered research and shall be governed by general statutes, applicable federal law, licensure requirements codified in the North Carolina Administrative Code, or any other applicable licensure requirements not inconsistent with state or federal law.
2. The use of other drugs or medications as a treatment measure shall be governed by “Right to treatment and consent to treatment” (G.S. 122C-57), and other general statutes.

24-HOUR FACILITIES

Chatham Trades is not a 24-hour facility.