

POLICY AND PROCEDURE ON BEHAVIORAL INTERVENTION & EMERGENCY USE OF MANUAL RESTRAINTS

1. PURPOSE AND APPLICATION

- a. The purposes of Homeward Bound, Inc.'s (HBI) BOD POLICY ON EMERGENCY USE OF MANUAL RESTRAINTS, PR-Pol534, (Policy), are to:
 - establish standards set by HBI's Board of Directors (HBI BOD) under which HBI employees may implement behavioral intervention, including the emergency use of manual restraints;
 - ensure the standards set by the HBI BOD are consistent with federal & state law; &
 - to promote the rights and protect the health & safety of individuals who receive services from HBI during the emergency use of manual restraints
- b. The purpose of the "Procedure on Emergency Use of Manual Restraints," PR-P534 (Procedure) is to identify the necessary steps employees will take to implement the Policy
- c. The Policy and the Procedure apply to the HBI BOD, the CEO, & all HBI employees

2. AMENDMENT & IMPLEMENTATION

- a. The BOD is responsible for adopting and amending the Policy & Management is responsible for adopting & amending the Procedure
- b. The Board Chairs of the BODs have the overall responsibility for implementing the Policy & the CEO has the overall responsibility for implementing the Procedure

3. RESERVATION OF RIGHTS

The BOD reserves the right to make changes in the Policy at any time by adding, deleting or changing any existing part. While the Policy are as comprehensive as the BOD can make them; they are not all-inclusive because circumstances not anticipated may arise

4. STANDARDS

- a. All terms related to this Policy, and related procedures & guides, are defined in the "Guide to Definitions for Behavior Intervention & Emergency Use of Manual Restraint,"
- b. It is the policy of HBI to ensure that all behavior intervention, including the emergency use of manual restraints, is implemented by staff according to HBI policy, procedure, and federal & state law, including Minnesota Statutes 245D.02, 245D.06, & 245D.061
- c. It is the policy of HBI that its staff are prohibited from using chemical restraints, mechanical restraints, time out, seclusion or any other aversive or deprivation procedures as a substitute for adequate staffing, for a behavioral or therapeutic program to reduce or

eliminate behavior, as punishment, or for staff convenience

- d. It is the policy of HBI that the emergency use of manual restraint by its staff must meet these conditions:
- immediate intervention must be needed to protect the person or others from imminent risk of physical harm;
 - the type of manual restraint must be the least restrictive intervention to eliminate the immediate risk of harm & effectively achieve safety; &
 - the use of manual restraint must end when the threat of harm ends
- e. It is the policy of HBI that emergency use of manual restraints by its staff must meet these restrictions. There will be no implementation:
- with a child in a manner that constitutes sexual abuse, neglect, physical abuse, or mental injury, as defined in MS 626.556, Subd. 2 (child abuse or neglect);
 - with an adult in a manner that constitutes abuse or neglect as defined in MS 626.5572, Subds. 2 & 17 (adult abuse or neglect);
 - in a manner that violates a person's rights & protection identified in MS 245D.04 (service & protection rights);
 - that restricts a person's normal access to a nutritious diet, drinking water, adequate ventilation, necessary medical care, ordinary hygiene facilities, normal sleeping conditions, or necessary clothing, or to any protection required by state licensing standards & federal regulations governing the program;
 - that denies the person visitation or ordinary contact with legal counsel, a legal representative, or next of kin;
 - in a manner that serves as a substitute for adequate staffing, for the convenience of staff, as punishment, or as a consequences if the person refuses to participate in the treatment or services provided by the program; or
 - in a manner that implements prone restraint, except in an incidental moment of restraint, or that restricts the airflow or lung expansion of the person
- f. It is the policy of HBI that its Management will develop & implement the procedure on "Behavior Intervention & Emergency Use of Manual Restraint," PR-P534, or related guides, that will include the following:
- a description of the positive support strategies & techniques HBI staff must use to attempt to prevent or de-escalate a person's behavior before it poses an imminent risk of physical harm to self or others;
 - a description of the manual restraints HBI staff are authorized to implement on an emergency basis;
 - instructions for the safe & correct implementation of HBI's authorized manual restraints;
 - the training HBI staff must complete, & the timelines for completion, before they may implement an emergency use of manual restraints, which must include the following subjects:
 - ✓ alternatives to HBI authorized manual restraints, including techniques to identify events & environmental factors that may escalate conduct that poses an imminent risk of physical harm to self or others;

- ✓ de-escalation methods, positive support strategies & how to avoid power struggles;
 - ✓ simulated experiences of administering & receiving HBI authorized manual restraints for an emergency;
 - ✓ how to properly identify thresholds for implementing & ceasing restrictive procedures;
 - ✓ how to recognize, monitor, & respond to the person's physical signs of distress, including positional asphyxia;
 - ✓ the physiological & psychological impact on the person & staff when restrictive procedures are used;
 - ✓ the communicative intent of behaviors; &
 - ✓ relationship building;
- the procedures & forms to be used to monitor HBI's emergency use of manual restraints, including what must be monitored & the frequency of monitoring per each incident of emergency use of manual restraints, & the person or HBI position who is responsible for monitoring the use;
 - the instructions, forms & timelines required for completing & submitting an HBI incident report by the HBI staff who implemented the manual restraint; &
 - the procedures & timelines for conducting HBI's internal review & the expanded support team review, & the HBI position responsible for completing the reviews and for ensuring that corrective action is taken, or the person's coordinated service & support plan addendum is revised if necessary
- g. It is the policy of HBI that emergency use of manual restraints by its staff must be monitored according to procedure
- h. It is the policy of HBI that emergency use of manual restraints by its staff must be reported internally & externally, & reviewed internally & externally according to procedure

It is the policy of HBI to provide its staff with sufficient training to enable them to competently implement behavioral interventions, including the emergency use of manual restraints, & to prohibit staff from implementing the emergency use of manual restraints unless they have completed the training.

POSITIVE SUPPORT STRATEGIES, PHYSICAL INTERVENTION, & EMERGENCY USE OF MANUAL RESTRAINT

IMMEDIATE ACTION: IMMINENT RISK OF PHYSICAL HARM

1. If an individual engages in a challenging behavior (CB) that puts someone at imminent risk of physical harm, & the CB is covered by the individual's Community Service & Support Plan-Addendum (CSSP-Addendum) or Positive Support Transition Plan (PSTP) then all staff will implement the CSSP-Addendum or the PSTP.

If the CB is not covered by either plan, then staff will choose one of the following actions that will end the imminent risk of physical harm in the quickest & safest manner:

- the least intrusive verbal or non-verbal procedures as described and instructed in HBI's Guide on **“POSITIVE SUPPORT STRATEGIES, PHYSICAL INTERVENTION, & EMERGENCY USE OF MANUAL RESTRAINT,”**
 - the least intrusive physical intervention procedures, that do not qualify as the emergency use of manual restraint (EMUR), as described & instructed in PR-F550; or
 - the least intrusive physical intervention procedure, that does qualify as the EMUR, as described & instructed in PR-F550;
 - the least intrusive physical intervention procedure, that does qualify as the EMUR, as described & instructed in the Guide on “EUMR Procedures Needing CEO Approval, PR-F555”, but it may be used only if the EUMR procedure has been approved by the CEO in advance & staff present at the service site have been trained in its use;
2. Staff will select and implement the least intrusive procedure among those cited above that are most likely to be effective at immediately eliminating the imminent risk of physical harm. Staff may not use these approved procedures in a manner that:
- constitutes sexual abuse, neglect, physical abuse, or mental injury of a child;
 - constitutes maltreatment of an adult;
 - violates the individual's rights & protections;
 - is medically or psychologically contraindicated for the individual;
 - restricts the individual's normal access to a nutritious diet, drinking water, adequate ventilation, necessary medical care, ordinary hygiene facilities, normal sleeping conditions, or necessary clothing;
 - restricts an individual's normal access to any protection required by state licensing standards & federal regulations governing HBI's services;
 - denies the individual visitation or ordinary contact with legal counsel, the legal representative (LR), or next of kin;

- is used as a substitute for adequate staffing, for the convenience of staff, as punishment, or as a consequence if the individual refuses to participate in the treatment or services provided by HBI;
 - constitutes prone restraint;
 - involves the application of back of chest pressure while an individual is in a prone position, supine (face-up) position, of a side-lying position;
 - is contraindicated for any of the individual's known medical or psychological limitations
3. Staff may not use the following prohibited procedures:
- chemical restraint;
 - mechanical restraint;
 - manual restraint, unless someone is at risk of imminent physical harm;
 - time out;
 - seclusion; or
 - any aversive or deprivation procedure
4. Staff may not implement any physical intervention, including any procedure that qualifies as the EMUR, in the following circumstances:
- if staff have not completed the training described in steps 38-39 & 41 of this procedure; or
 - if staff are incapable of physically implementing the physical intervention because they lack the body size, skills or type to do so
5. Staff who are unable to implement physical intervention procedures as described in step 3 of this procedure may call 911 to summon the police if they are confronted with CB that put others at imminent risk of physical harm, & will implement verbal & non-verbal procedures until the police arrive. When making the call, staff will insist that someone is in danger of being harmed immediately & ensure that the police respond immediately
6. Once the police have brought the individual's CB under control, staff will report the call to the Nurse Case Manager On Call (NCM On Call), the number of whom is found in either the Communication Book or on the "Homeward Bound Phone Roster.
7. The NCM On Call will notify the Designated Coordinator (DC), the Designated Manager (DM), or the assigned Nurse Case Manager (NCM). The DC, DM or NCM will take charge & will give the appropriate directions & may choose from these options:

- seek immediate hospitalization at an agreed upon hospital for a psychiatric evaluation (refer to steps 7-11 of this procedure);
- send the police away;
- problem solve to reduce tension;
- send in additional staff;
- visit the site to evaluate & supervise

IMMEDIATE ACTION: CONSUMER REQUIRES AN OUTSIDE PSYCHIATRIC EVALUATION

8. The DC, DM, NCM, or NCM On Call will arrange for emergency hospitalizations for behavioral reasons if the individual is in need of a psychiatric or a medication evaluation in their judgement
9. Staff will summon either the police or the paramedics, if this has not been done already. They will give out any relevant facts and medical history
10. The DC, DM, NCM or NCM On Call will immediately notify the Legal Representative (LR) of the pending hospitalization, and ask if the LR wants to meet the individual at the hospital to consult about an admission
11. If the individual is transported to a hospital, staff will either accompany the individual or go to the hospital as soon as possible
12. Staff will stay at the hospital & consult with hospital staff, family members, and/or the LR if present about an admission; staff will either arrange to transport the individual home or help the hospital to admit the individual

IMMEDIATE FOLLOW UP

13. If an HBI individual is injured during a CB, staff will:
 - summon paramedics for injuries that are serious, or life/health threatening;
 - consult with the individual's assigned NCM, or the NCM On Call for minor injuries & follow the instructions;
 - report possible maltreatment according to one of the following procedures:
 - "Procedure on Reporting & Review of Maltreatment & Injuries of Unknown Origin of Vulnerable Adults"

➤ “Procedure on Reporting & Review of Maltreatment of Minors”

14. If an HBI employee is injured during a CB, staff will complete the “First Report of Injury” form according to the “Flow Chart for Employee Injury,” seek medical attention as necessary & follow the employee requirements of the “Procedure for handling “Work Related Injuries”

IMMEDIATE DOCUMENTATION & REPORTING–No EUMR

15. Staff will complete an “Incident & Emergency Report,” according to the Policy & Procedure on Incident Response and Reporting,” then log the event & outcome in the individual’s record.
16. The DC & DM will take whatever action is appropriate, including whether the incident requires a debriefing of the participants. If the individual was hospitalized for a psychiatric evaluation, the NCM & the DM will coordinate with hospital staff & ensure that their recommendations are considered by the individual’s Support Team.

IMMEDIATE DOCUMENTATION & REPORTING OF AN EUMR

17. If staff implemented an EUMR, then the DC or DM will verbally report the EUMR to the individual’s legal representative or designated emergency contact (DEC), and to the Case Manager, within twenty-four (24) hours of the implementation of the EUMR.
18. The DM & the Program Administrator for Quality Assurance (PAQA) will ensure that a debriefing is scheduled, held and the results documented as soon as possible if not done the day of the EUMR. The following people will participate in the debriefing, which may be held in several sessions: staff who participated in or were present during the EUMR; the individual upon whom the EUMR was implemented if not contraindicated; other individuals who witnessed the incident & EUMR; other witnesses
19. Within three (3) calendar days, but preferably within twenty-four (24) hours of the implementation, the staff who participated in the EUMR will complete an "Emergency Use of Manual Restraint Report," PF 05 and turn it into the DC or DM.

Neither the written PF 05 nor the verbal report will mention the names of other involved individuals unless that individual or his legal representative has consented to the release of information.

20. The DC or DM will check PF 05 for clear language and comprehensiveness. The DC or DM will ensure that PF 05 contains the following information:
 - the staff & individual(s) served who were involved in the incident leading up to the EUMR including those who participated in the EUMR;
 - a description of the physical & social environment, including who was present before & during the incident leading up to the EUMR;
 - a description of what less restrictive alternative measures were attempted to de-escalate the incident & maintain safety before the EUMR was implemented;
 - the above description of less restrictive alternative measures must identify when, how & how long the alternative measures were attempted before the EUMR was implemented;
 - a description of the mental, physical, & emotional condition of the individual who was restrained, & other individuals involved in the incident leading up to, during & following the EUMR;
 - whether there was any injury to the individual who was restrained, other individuals, staff, or bystanders as a result of the CB or EUMR;
 - whether there was a debriefing with the staff, & if not contraindicated, with the individual who was restrained, or with any other individuals or other witnesses to the incident, including the implementation of the EUMR;
 - the outcome of the debriefing must be clearly documented, & if the debriefing could not occur at the time of the incident, the PR- PF 05 will identify whether a debriefing is planned in the future

21. Whoever receives the PF 05, DC or DM, will ensure that the other, as well as these two positions receive a copy of it:
 - PAQA;
 - Program Administrator for Risk Management & New Services (PARM)

22. The PAQA will ensure the Director of Residential Operations & Program Services (DROP) is informed of all necessary information from PF 05.

23. The PAQA will ensure that the template of the "Emergency Use of Manual Restraint Report," PF 05, is revised as necessary, particularly when related MS 245D requirements change.

24. The PARM will ensure the data is entered into her incident database for future reporting.

INTERNAL REVIEW OF AN EUMR

25. The DC will ensure that the DC's & DM's findings are recorded onto PF 05
26. Within five (5) business days after the date of the implementation of the EUMR, the DC & DM will complete & document an internal review of the EUMR's implementation & the PR-F570 prepared by staff. The DC & DM will document the internal review by completing the "Internal Review of an Emergency Use of Manual Restraint," PF 05.

The CEO has designated the DM as the position responsible for conducting the internal review & for ensuring that any necessary corrective action is taken

27. The DM & DC will conduct an internal review & complete the PF 05, which must include an evaluation of whether:
- the individual upon whom the EUMR was implemented needs to have his service & support strategies revised, including the CSSP-Addendum & PSTP
 - related policies, procedures & guides were followed;
 - related policies, procedures & guides were adequate;
 - there is a need for additional staff training;
 - the reported incident is similar to past incidents with the individual(s), staff or service involved; &
 - there is a need for corrective action by HBI to protect the health & safety of individuals
28. Based on the results of the internal review, the DM will notify the PAQA & the DROP if HBI must develop, document & implement a corrective action plan for HBI that is designed to correct current lapses & prevent future lapses in performance by staff or HBI. The PAQA will ensure that this corrective action plan is completed & implemented within 30 days
29. In accomplishing the duties in Step 27 of this procedure, the POQA will work in cooperation with the following staff as necessary:
- assigned DC & DM;
 - other DM's;
 - the DROP;
 - the CEO if necessary

EXPANDED SUPPORT TEAM REVIEW OF AN EUMR

30. Within five (5) working days after the completion of the internal review on PF 05 (within 10 days of the EUMR's implementation), the DC & DM will consult with the individual's expanded support team about the EUMR. The DC & DM will ensure the following actions are accomplished:
- a discussion is held about the EUMR & the antecedent or event (trigger) that gave rise to the CB that resulted in the EUMR is defined, & the perceived function the CB served is identified;
 - a determination is made about whether the individual's CSSP Addendum or PSTP should be revised to help the individual maintain stability, & to reduce or eliminate future occurrences of the CB, & reduce or eliminate future EUMRs.
31. The DC & DM will document the results of the discussion by completing the "Written Summary of the Expanded Support Team About an Emergency Use of Manual Restraint," PR-580 (PR-F580) & ensure that any decisions from the discussion are implemented

EXTERNAL REPORTING & REVIEW OF AN EUMR

32. Within five (5) working days of the review by the expanded support team (within 15 days of the EUMR's implementation), the DC & DM will complete & submit online DHS's "Behavioral Intervention Reporting Form, DHS-5148-ENG" (DHS-5148).

The DC & DM will ensure that the following completed documents are submitted to both DHS & the Office of the Ombudsman for Mental Health & Developmental Disabilities, along with the information contained on the DHS-5148:

- PF 05;
- PR-F580

DEVELOPMENT OF A POSITIVE SUPPORT TRANSITION PLAN (PSTP)

33. Working under the direction of the PAQA, the DM & DC will ensure that a PSTP is developed for an individual to achieve the following four (4) purposes & in the following situations:

- to phase out & eliminate the use of mechanical restraint for one individual who was receiving the program on December 31, 2013, according to the requirements found in MS 245D.06, Subd. 8, (b);
- to reduce or eliminate CB that poses an immediate risk of physical harm to self or others;
- to reduce or eliminate the need for an EUMR after two (2) implementations of an EUMR within a calendar year;
- to eliminate the need for prohibited procedures identified in MS 245D.06, Subds. 5 & 8

34. The DROP & the PAQA will supervise & monitor the continued PSTP implementation & reporting of the one (1) individual who has received mechanical restraint since December 31, 2013. The will do so according to the requirements found in MS 245D.06, Subd. 8, (b), with the purpose of eventually terminating the mechanical restraint once that can be accomplished without putting the individual into imminent risk of physical harm.

The DROP & the PAQA will make periodic reports on the progress of eliminating the mechanical restraint to the CEO. If it appears that DHS will not approve any further extensions of the use of mechanical restraint, the DROP, PAQA & the CEO will consult to see if HBI has the expertise & the means to continue to serve the individual without putting him into an unacceptable risk of physical harm.

35. The PAQA will ensure that the PSTP is developed, implemented, monitored & revised with the support of a consultant who meets the qualifications of a Qualified Designated Coordinator or Manager, the “Behavior Professional” or the “Behavior Analyst” identified in MS 245D.091, along with considerable input from the individual & his expanded support team
36. Working under the direction of the PAQA, the DM & DC will ensure that a PSTP in cooperation with the consultant is developed using DHS’s template “The Positive Support Transition Plan “DHS 6810-ENG” (DHS-6810), according to the instructions found in DHS’s template “The Positive Support Transition Plan Instructions, “DHS 6810B-ENG” (DHS-6810B), & the principles found in “Developing Positive Support Transition Plans A Provider Guide for 245D-Licensed Home & Community-Based Services in Minnesota, DHS 6810C-ENG” (DHS-6810C).
37. When developing the PSTP’s Part 4 (Crisis Support Planning & Response), the PAQA, DM & DC, in cooperation with the consultant, will consider & select for inclusion which procedures from these categories identified in PR-F550 should be included as part of the PSTP: positive support strategies, formal programming, verbal

procedures, non-verbal procedures including environmental management, or permitted procedures for physical intervention, which may or may not qualify as EUMR.

If they decide to include procedures from PR-F555, then they must seek CEO approval. If the CEO approves then the CEO will train all staff assigned to the services in the procedure(s) selected from PR-F555

SYSTEM DEVELOPMENT & STAFF TRAINING RELATED TO POSITIVE STRATEGIES, PHYSICAL INTERVENTION & EUMR

38. The Director of Nursing & Training (DNT) will ensure that all staff will receive orientation & annual training according to MS 245D.09. Orientation will occur within 60 days of hire & annual training within a period of 12 months. The DNT will ensure that all such training, including the training described below, is documented in the employee's orientation & training file
39. The CEO will develop & maintain the following system of policies, procedures & guides that govern HBI's use of teaching procedures, including physical intervention that may or may not qualify as the EUMR, according to the applicable requirements of MS 245D. This system will consist of:

- Policy: "BOD Policy on Positive Supports, Physical Intervention, & Emergency Use of Manual Restraint," BOD PPR-05

Purpose: The policy of the Board of Directors that sets the stands for the use of positive support strategies, physical intervention & the EUMR according to the requirements of MS 245D. The CEO will monitor & maintain the policy, and recommend changes to the Board when requirements change

- Procedure: "Positive Support Strategies, Physical Intervention & Emergency Use of Manual Restraint," PR-P550

Purpose: The procedure that implements the policy of the Board of Directors. Some MS 245D requirements are covered in the procedure; many others in the guides to follow. The CEO will maintain the procedure

- Guide: "Positive Support Strategies, Physical Intervention & Emergency Use of Manual Restraint," PR-F550

Purpose: The guide that fully describes HBI's requirements & standards related to positive strategies, physical intervention & EUMR. The CEO will maintain the guide

- Guide: "EUMR Procedures Needing CEO Approval," PR-F555

Purpose: The guide that fully describes physical intervention procedures that may be used only with the CEO's approval. These are designed for specific situations at specific service sites. The CEO will personally train the use of these procedures. The CEO will maintain the guide

- Guide: "Glossary for Positive Support Strategies, Physical Intervention & Emergency Use of Manual Restraint Documents," PR-F560

Purpose: The guide that fully defines terms found in the policy, procedure & all guides. The CEO will maintain the guide

- Guide: "Emergency Use of Manual Restraint Report," PF 05

Purpose: The guide that fully describes the information to be documented after a EUMR. The DROP & the PAQA will maintain the guide

- Guide: "Internal Review of an Emergency Use of Manual Restraint," PF 05

Purpose: The guide on which all internal review activities are documented after a EUMR. The DROP & the PAQA will maintain the guide

- Guide: "Written Summary of the Expanded Support Team About an Emergency Use of Manual Restraint," PR-F580
Guide: ""PF 05

Purpose: The guide on which discussions & decisions held by the Expanded Support Team are documented after a EUMR. The DROP & the PAQA will maintain the guide

- Training Handout: "Orientation Handout Covering Prohibited Procedures & the Correct & Safe Use of Emergency Manual Restraint" (Orientation Handout)

Purpose: The handout received by staff before they have direct contact that describes the information they must receive identified in step 41 of this procedure. The CEO will maintain the Orientation Handout

- Training Handout: “Training Handout for “Positive Support Strategies, Physical Intervention & Emergency Use of Manual Restraint” (Training Handout)

Purpose: The training handout received by staff within sixty (60) days of hire, before they may implement a EUMR, that describes the information they must receive that is identified in step 43 of this procedure. The CEO will maintain the Training Handout

- Training Handout: “Principles & Methods for Teaching Physical Intervention Including Simulations of the Administration & Receiving of Manual Restraint Procedures”

Purpose: The training handout received by staff who have volunteered to teach physical intervention that describes how they are to teach the information. The CEO will maintain the training handout.

40. The DM & DC will ensure that all staff assigned to a service will be trained in the CSSP Addendum & the PSTP before a staff person works with an individual.
41. The CEO will ensure that the training reflected in the Orientation Handout, referred to in step 39, 9th Bullet, of this procedure, and includes the following information:
 - what constitutes the use of restraints, including chemical restraints, time out, & seclusion;
 - staff responsibilities related to ensuring prohibited procedures are not used;
 - why such prohibited procedures are not effective for reducing or eliminating symptoms or undesired behavior;
 - why such prohibited procedures are not safe; the safe & correct use of allowed EUMR
42. The DNT will develop, maintain & schedule the following positions, who may train the initial orientation curriculum: the CEO, DROP, the PAQA, Assistant Directors of Training, & other interested management staff. The CEO will conduct the initial training of these positions so that they qualify.

43. The CEO will ensure that the training, reflected in the Training Handout described in step 39, 10th Bullet of this procedure, contains the following information:
- alternative to manual restraint procedures including techniques to identify event & environmental factors that may escalate conduct that poses an imminent risk of physical harm to self or others;
 - de-escalation methods, positive support strategies & how to avoid power struggles;
 - simulated experiences of administering & receiving manual restraint procedures allowed by HBI on an emergency basis;
 - how to properly identify thresholds for implementing & ceasing restrictive procedures;
 - how to recognize, monitor & respond to the individual's signs of distress including positional asphyxia;
 - the physiological & psychological impact on the individual & staff when restrictive procedures are used;
 - the communicative intent of behaviors;
 - relationship building
44. The CEO will establish & train a group of physical intervention trainers (PI Trainers) who will be trained to instruct staff according to the requirements of MS 245D & step 40 of this procedure. PI Trainers will receive approximately 24 hours of "train the trainer" instruction & conduct a four (4) training session supervised by the CEO before they are qualified.
45. If HBI's policy, procedure, guides or curriculums are changed in a material way, as a result of changing applicable MS 245D standards or an update in HBI's philosophy, then the DNT will ensure all staff are retrained.
46. The DNT will ensure that all related training, including the simulated administration & reception of physical intervention & manual restraint, is copied to video & placed online for DM's, DC's, & DSPs to review as necessary.
47. The DNT will establish standards about whether training on these topics received from other sources may count toward these requirements if received in the 12-month period before the staff person's date of hire.