



RESTRICTIVE INTERVENTION APPLICATION (RIA) INSTRUCTIONS

INDIVIDUAL INFORMATION

1. **Individual Name or TABS ID:** Enter the name or TABS ID number of the individual involved in the physical restrictive intervention. Please use the format: **FIRST, LAST** and/or **TABS ID** number.
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IRMA MASTER INCIDENT NUMBER

2. **IRMA Master Incident Number:** Enter the IRMA Master Incident Number, if available or applicable. An incident that involves the use of personal/physical restrictive interventions may already be filed in IRMA. If this is the case, this number will already be established. If an incident has been yet associated with this event, there will be no Master Incident Number to enter – just leave blank.
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PROGRAM INFORMATION

4. **Program/Site:** Enter the address of the site where the restrictive intervention occurred.
 5. **Program Type:** Select the program type where the physical intervention occurred.
 6. **Location:** Select only one physical location where the intervention occurred. If additional physical interventions result in varied locations, select the “OTHER” category and explain. Enter where the additional intervention occurred in the space provided.
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PHYSICAL INTERVENTION INFORMATION

The form is designed with the physical intervention data fields first, followed by data fields for medications to control behavior and the use of a Time Out Room. If medications and/or a Time Out Room are/is used prior to implementing a restrictive physical intervention as part of the same behavioral event, the user is to record each restrictive intervention on the same form regardless of the order in which they occurred. It is important to record the times of each intervention accurately. If the restrictive intervention used is not a restrictive SCIP-R technique, but rather, MEDICATIONS are administered to control behavior and/or a TIME OUT ROOM is used in the absence of a restrictive physical intervention then agencies have the option to skip questions #7-17 and start with question #18 for MEDICATIONS and/or #22 TIME OUT ROOM. However, reporting data to OPWDD on the use of medication or the Time Out Room without the use of a SCIP-R technique is not mandatory at this time. **It is the intent of this current process to only record the use of medications or a Time Out Room when they occur in conjunction with a restrictive physical intervention.**

7. **Select the most Restrictive SCIP-R Technique Used:** The restrictive SCIP-R techniques are listed on both the paper form and the electronic version in accordance with the terms used in the SCIP-R curriculum. RIA is not to be used to track SCIP-R Core physical intervention techniques. RIA is only to be used when the following techniques are implemented:
 - One Person Take-Down
 - One Person Take-Down to Side Control
 - One Person Take-Down to Seated Control
 - Seated Control to Supine Control
 - Seated Control to Two to Three Person Supine Control
 - Two Person Take Down
 - Two Person Take-Down to Supine Control
 - Two Person Take-Down to Two to Three Person Supine Control
 - Two to Three Person Supine Control
 - OPWDD Approved Technique, for example:

- ✓ Four Person Supine Control [Intensive Treatment Option (ITO)]
- ✓ Five to Six Person Supine Control (ITO's only)
- ✓ Individual-Specific restrictive technique: e.g. lift/carry, 4 person supine in a Non-ITO setting, etc.

In the course of de-escalating an individual's behavior there may be a number of different techniques used from the above- list of interventions. Select only the **most restrictive technique used during that behavioral event.**

In order to determine what constitutes a behavioral event, please adhere to the following guidelines:

- ❖ If an individual's behavior results in the implementation of a restrictive physical intervention, from which the individual is released, and is **calm for 5 minutes or more**, then a second restrictive intervention is required (5 or more minutes later), this should be recorded as **two separate and distinct** restrictive physical interventions; i.e., two separate behavior events. A new RIA form must be completed for each separate and distinct SCIP-R physical intervention.
- ❖ If an individual's behavior results in the implementation of a restrictive physical intervention, from which the individual is released, but is **calm for less than 5 minutes** and requires yet another physical intervention within that 5 minute time span, this should be considered the **same behavioral event**. However, *each restrictive physical intervention must be recorded*, regardless of the time lapse between the implementation of each technique; select the most restrictive physical intervention used.

NOTE: If the individual has three successive restrictive physical interventions that are considered part of the **same behavioral event**, applied over a time span that exceeds 20 minutes, for example: 1st intervention lasts 10 minutes, calm for 3 minutes, 2nd intervention lasts 15 minutes, calm for 2 minutes, 3rd intervention lasts for 15 minutes, then the individual is calm for the remainder of the shift, the times for each physical intervention are **not added together** for purposes of filing a 147. As long as there is a break between the interventions, the 20 minute time frame is not exceeded; therefore, filing a 147 form is not required.

- ❖ As previously mentioned, if an individual's behavior results in the use of a restrictive physical intervention in conjunction with, the administration of medications to control behaviors and/or the use of a Time Out room this should be considered the same behavioral event and the information should all be recorded on the same RIA data form.
- ❖ **OPWDD Approved Technique** – When the “OPWDD Approved Technique” is checked, this indicates that the technique used requires **special Commissioner's approval prior to implementing** and, therefore, will not be listed as part of the SCIP- R curriculum techniques.
- ❖ **Individual-Specific technique** – If the technique used is not included on the list, describe in detail the specific technique used in the space provided.

NOTE: If there are a number of restrictive interventions implemented in succession as part of **one behavioral event**; e.g., staff implement a Two Person Take-Down to Supine Control, then release the individual when calm, then immediately (less than 5 minutes) implement another hold; i.e., a Two to Three Person Supine Control due to further escalation of behaviors, the user may complete **only one data form** if the individual is finally calm after 19 minutes (less than 20 minutes). The user should record the most restrictive physical intervention used. For each restrictive physical intervention that occurs 5 minutes or more apart, a new data form needs to be entered into RIA.

8. **Usage of Physical Intervention:** Check if the physical intervention is part of a behavior plan or used in the case of an emergency.
9. **Date Physical Intervention Used:** Enter the date of the physical intervention.
10. **Time Physical Intervention Started and Ended as follows:**
 - **HOUR** - Enter the HOUR in which the intervention started/ended.
 - **MINUTE** - Enter the MINUTES in which the intervention started/ended.
 - **AM/PM** - Enter whether the intervention started/ended in the AM or PM.
11. **Duration of Intervention:** Enter the duration of the intervention by calculating the time lapse between the start of the intervention and when the intervention ceased. If one intervention alone **exceeds 20 minutes, a 147 form must be filed in IRMA.**
12. **Reason(s) for Physical Intervention:** Select as many reasons as needed for the intervention from the list provided. Select **“OTHER (explain)”** if there is a reason for the physical intervention other than those listed; enter that reason in the space provided.

MEDICAL INFORMATION

- 13. Body Check Performed:** Select whether a body check was performed. Check "N/A" if this section is not applicable.
- 13a. Name of person conducting body check:** If "YES", enter the **first** and **last name** of staff conducting the body check.
- 13b. TITLE:** Select the title from the list provided. If the staff's title is not listed, check "OTHER" and enter the title in the space provided.
- 13c.** If "NO", select reason body check was not performed from the list provided.
- 14. INJURY: Was there an injury?** Check "YES" if an injury or injuries are evident upon completion of the Body Check. It is possible that staff may not know whether or not there is an injury. In that instance, staff may check "Unknown". Since the timeframe for completing the form is 5 days, it is likely staff will know whether an injury has occurred as well as the nature and extent of the injury within that timeframe. The form may then be updated accordingly. Check **ALL** the injuries that are evident (or that become evident upon subsequent Body Checks and/or physical/medical exams and appear to be linked to the use of the restrictive physical intervention or behavioral event). Those injuries requiring a 147 be completed and filed in IRMA will be CAPITALIZED on the form. "OTHER" – Check if any other injury occurred (not already listed) and requires more than first aid in accordance with the guidelines outlined in Part 624.4.(b)(1). Enter the injury in the space provided.

NOTE: As indicated in the guidance under Part 624.4 (b)(1), it is the severity of the injury and the resulting care that determines whether the injury should be classified as a reportable incident. If an injury can be treated solely with first aid, it is not a reportable incident per Part 624, even if the first aid is provided by a nurse, physician or other health care professional. If a diagnostic procedure is performed; i.e., x-rays, and does not result in any additional positive findings for an injury or require more than first aid then filing a reportable/serious reportable incident (147) is not required.

- 15.** Indicate the Injury Location for the individual involved in the restrictive intervention by the number(s) found on the following:
- 15a. Front Body Diagram:** Enter the number(s) where the injuries) are located from the FRONT body diagram. Enter N/A if no injuries had occurred.
- 15b. Back Body Diagram:** Enter the number(s) where the injuries) are located from BACK body diagram. Enter N/A if no injuries occurred

STAFF INFORMATION

- 16. Staff members involved:** Enter the first and last name as well as the title of **all** the staff involved in the physical intervention. Use the list of titles found in question 13.b. on the form.
- 17. Staff Injury as a Result of Physical Intervention Used:** Indicate whether or not staff were injured as a result of the physical intervention. Select "multiple staff injured" if more than one staff was injured as a result of the physical intervention.

MEDICATION ADMINISTRATION INFORMATION Check "N/A" if this section is not applicable.

- 18. Date MEDICATION Intervention Used:** Enter the date the medication was administered.
- 19a.** If the additional restrictive intervention is in the form of medication, you are asked to distinguish between a "PRN" or "as needed" medication, which is one that has already been prescribed by a physician and will only be used when a set of established behavioral symptoms/criteria has occurred as written in a Behavioral Support Plan and a "STAT" medication, i.e., one that is used when a sudden, acute, and unexpected onset of a behavior occurs that requires a call to the physician for a medication order.
- 20a. PRN/STAT Medication name and dose:** If selected, enter the **name**, **dose**, and **route** of the medication administered. Please use the attached chart for the medication name, dose and route.
- 21a. Usage of MEDICATION Intervention:** Check if the medication administered is part of a behavior plan, used in the event of an emergency, or both.

22a. Time MEDICATION Intervention Started and Ended as follows:

- **HOUR** - Enter the HOUR in which the intervention started/ended.
- **MINUTE** - Enter the MINUTES in which the intervention started/ended.
- **AM/PM** - Enter whether the intervention started/ended in the AM or PM.

23a. Reason(s) for MEDICATION ADMINISTRATION Intervention: Select as many reasons as needed for the medications to be administered from the list provided. Select **“OTHER (explain)”** if there is a reason other than those listed; enter that reason in the space provided.

NOTE: Complete questions **19 b – 23b and 19c – 23c** for any subsequent medications administered. If both PRN and STAT medications are used, please distinguish *each one* in the space provided.

TIME OUT ROOM USAGE INFORMATION Check “N/A” if this section is not applicable.

24. Usage of TIME OUT ROOM: Check if the use of Time Out is part of a behavior plan or was used in the event of an emergency. Please note that **Time Out cannot be used on an emergency basis; if it is used in an emergency, a 147 form must be filed in IRMA.**

25. Date TIME OUT ROOM Intervention Used: Enter the date that Time Out was used.

26. TIME OUT ROOM Intervention Started and Ended as follows:

- **HOUR** - Enter the HOUR in which the intervention started/ended.
- **MINUTE** - Enter the MINUTES in which the intervention started/ended.
- **AM/PM** - Enter whether the intervention started/ended in the AM or PM.

27. Duration of Intervention: Enter duration of the intervention from the ranges provided. **If the duration in a Time Out Room exceeds 60 minutes, a 147 form must be filed in IRMA.**

28. Reason(s) for TIME OUT ROOM Intervention: Select reason for the use of Time Out from the list provided. Select **“OTHER (explain)”** if there is a reason for the Time Out other than those listed; enter that reason in the space provided.

STAFF INFORMATION

29. Staff members involved: Enter the first and last name as well as the title of all the staff involved in the use of TIME OUT. Use the list of titles found in question 13.b. on the form.

30. Staff Injury as a Result of TIME OUT ROOM Use: Indicate whether or not staff were injured as a result of using Time Out. Select “multiple staff injured” if more than one staff was injured as a result of this restrictive intervention.

INCIDENT CATEGORY/CLASSIFICATION

31. Select Category/Class of Incident: As a result of the restrictive intervention, select a category of incident from the list provided. This includes selecting “N/A” (not applicable) if there is no incident.

If Allegation of Abuse is selected, indicate the type of abuse allegations from the list provided.

STAFF COMPLETING FORM

32. Name and Title of staff completing form: Enter first and last name as well as title of the staff completing the form. Use the list of titles found in question 13.b. on the form.

33. DATE the form was completed (MM/DD/YY).

34. Name and Title of staff who reviewed the form prior to it being entered into RIA.

35. Date form entered into RIA (MM/DD/YY).

The RIA Data form must be completed and submitted within 3 business days of occurrence in order to allow time to submit the form electronically within 5 business days.