

ALIGNMENT



The Nonviolent Crisis Intervention[®]
Training Program and the Department
of Health and Human Services/
Centers for Medicare & Medicaid
Services (42 CFR Part 482) Medicare
and Medicaid Programs; Hospital
Conditions of Participation:
Patients' Rights



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Alignment

Medicare and Medicaid Programs; Hospital Conditions of Participation: Patients' Rights (42 CFR Part 482)	<i>Nonviolent Crisis Intervention</i>[®] Instructor Certification Program
(f) <i>Standard: Restraint or seclusion: Staff training requirements.</i> The patient has the right to safe implementation of restraint or seclusion by trained staff.	CPI has been training professionals to manage disruptive and assaultive behavior since 1980. CPI has an internationally recognized program providing training in verbal de-escalation strategies and safe restraint techniques.
(1) <i>Training intervals.</i> Staff must be trained and able to demonstrate competency in the application of restraints, implementation of seclusion, monitoring, assessment, and providing care for a patient in restraint or seclusion— (i) Before performing any of the actions specified in this paragraph; (ii) As part of orientation; and (iii) Subsequently on a periodic basis consistent with hospital policy.	CPI's <i>Nonviolent Crisis Intervention</i> [®] training program focuses on verbal intervention and recommends physical intervention only as a last resort. Certified Instructors must complete competency-based testing in the application of restraints and are trained to administer competency-based testing to their own staff in the safe use of restraints. CPI also provides resources for Certified Instructors to offer refresher training, which is recommended every six months, or a minimum of once per year. Refresher Workbooks, Leader's Guides, and self-assessment tools for employees are available through CPI. Those who complete refresher training receive an updated certification card from CPI.
(2) <i>Training content.</i> The hospital must require appropriate staff to have education, training, and demonstrated knowledge based on the specific needs of the patient population in at least the following: (i) Techniques to identify staff and patient behaviors, events, and environmental factors that may trigger circumstances that require the use of a restraint or seclusion.	Specific needs and behaviors of a given population can be addressed throughout the training program through examples. In particular, the population's needs and behaviors are described and addressed in these ways: how anxiety may be manifested by this population, common defensive behaviors, factors which may precipitate acting-out behaviors, specific issues to consider in physical restraint, and ways to re-establish rapport following a crisis situation. Each of these areas is addressed in the program with reference to the population of individuals being served.
(ii) The use of nonphysical intervention skills.	The emphasis in <i>Nonviolent Crisis Intervention</i> [®] training is on the prevention of situations that may require the use of physical restraint. The core of the program is the <i>Crisis Development Mode</i> SM , which provides staff with multiple opportunities to intervene before a situation arises which necessitates the use of physical restraint and/or seclusion.

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<p>(iii) Choosing the least restrictive intervention based on an individualized assessment of the patient's medical, or behavioral status or condition.</p> <p>(iv) The safe application and use of all types of restraint or seclusion used in the hospital, including training in how to recognize and respond to signs of physical and psychological distress (for example, positional asphyxia);</p> <p>(v) Clinical identification of specific behavioral changes that indicate that restraint or seclusion is no longer necessary.</p>	<p><i>Nonviolent Crisis Intervention</i>[®] training emphasizes the importance of choosing the least restrictive intervention. The focus of the program is on verbal intervention, and physical intervention is taught only as a last resort when an individual is a danger to self or others.</p> <p>The Instructor Manual provides information on how to monitor a person in restraint, including how to recognize and respond to a person in physical and/or psychological distress. CPI recognizes the danger inherent in any restraint, teaches that restraints must be used for the shortest amount of time possible, and teaches participants how to recognize when restraint is no longer necessary.</p>
<p>(vi) Monitoring the physical and psychological well-being of the patient who is restrained or secluded, including but not limited to, respiratory and circulatory status, skin integrity, vital signs, and any special requirements specified by hospital policy associated with the 1-hour face-to-face evaluation.</p>	<p><i>Nonviolent Crisis Intervention</i>[®] training stresses the importance of having a monitor present at every restraint—someone who is not involved in performing the actual physical hold. The person should be assigned the responsibility of monitoring physical signs of distress and obtaining medical assistance. All Certified Instructors receive vital information in their manuals regarding monitoring for signs of distress.</p>
<p>(3) <i>Trainer requirements.</i> Individuals providing staff training must be qualified as evidenced by education, training, and experience in techniques used to address patients' behaviors.</p>	<p><i>Nonviolent Crisis Intervention</i>[®] training includes a variety of methodologies appropriate for teaching adults, including lecture, role-plays, guided group discussion, and examples (case studies). Visual aids are always used.</p> <p>CPI trains Certified Instructors, who, in turn, may train the participants within their facilities (train-the-trainer program). CPI can assist Certified Instructors in developing competency-based evaluations based on the standards articulated by specific states or regulating bodies. Such evaluations include, at a minimum, a written test, as well as direct observation of participants deploying intervention skills.</p>
<p>(4) <i>Training documentation.</i> The hospital must document in the staff personnel records that the training and demonstration of competency were successfully completed.</p>	<p>CPI issues Certificates of Completion to participants who attend our training programs. When a participant completes the Four-Day Instructor Certification Program (train-the-trainer program), that participant becomes a <i>Nonviolent Crisis Intervention</i>[®] Certified Instructor and is authorized to teach staff at his or her place of employment. Staff trained by a Certified Instructor are issued wallet-size cards indicating that they have been trained in the <i>Nonviolent Crisis Intervention</i>[®] program. In order to maintain their certification, Instructors are required to provide documentation with regard to trainings conducted at their organization. Copies of these records can be used to document staff training in staff personnel records.</p>

The material contained in this alignment is provided for informational purposes only and is not intended to constitute legal advice. Legal counsel should be consulted regarding the specific application of this information to your organization. For more information on this rule, please contact the Department of Health and Human Services Centers for Medicare & Medicaid Services at 410.786.6899. For more information on the *Nonviolent Crisis Intervention*[®] training program, please contact CPI at **800.558.8976**.

Please note, as evidence of our national recognition, that CPI's *Nonviolent Crisis Intervention*[®] Instructor Certification Program was used as a model when the Centers for Medicare & Medicaid Services calculated the cost estimate with regard to the implementation of a train-the-trainer program in your setting. For further information on this regulation or to request additional information about the *Nonviolent Crisis Intervention*[®] Instructor Certification Program, please call **800.558.8976** or go to **crisisprevention.com**.