Emergency Use of Manual Restraints Policy

I. Policy

It is the policy of the Stevens County Developmental Achievement Center (DAC) to promote the rights of persons served by this program and to protect their health and safety during the emergency use of manual restraints.

"Emergency use of manual restraint" means using a manual restraint when a person poses an imminent risk of physical harm to self or others and it is the least restrictive intervention that would achieve safety. Property damage, verbal aggression, or a person's refusal to receive or participate in treatment or programming on their own, do not constitute an emergency.

II. Positive support strategies and techniques required

A. The following positive support strategies and techniques must be used to attempt to de-escalate a person's behavior before it poses an imminent risk of physical harm to self or others:

Staff should:

1) Follow individualized strategies in a person's coordinated service and support plan and coordinated service and support plan addendum;
2) Shift the focus by verbally redirecting the person to a desired alternative activity;
3) Model desired behavior;
4) Explain calmly the appropriate behavior that you want the client to exhibit;
5) Reinforce the appropriate behavior;
6) Offer reasonable choices;
7) Use positive verbal guidance and feedback;
8) Actively listen to a person and validate their feelings;
9) Create a calm environment by reducing sound, lights, and other stimuli which may agitate a person;
10) Simplify the task or routine

B. The program will develop a positive support transition plan on the forms and in manner prescribed by the Commissioner and within the required timelines for each person served when required in order to:

1. eliminate the use of prohibited procedures as identified in section III of this policy;
2. avoid the emergency use of manual restraint as identified in section I of this policy;
3. prevent the person from physically harming self or others; or
4. phase out any existing plans for the emergency or programmatic use of aversive or deprivation procedures prohibited.

III. Permitted actions and procedures

Use of the following instructional techniques and intervention procedures used on an intermittent or continuous basis are permitted by this program. When used on a continuous basis, it must be addressed in a person's coordinated service and support plan addendum.

A. Physical contact or instructional techniques must be use the least restrictive alternative possible to meet the needs of the person and may be used to:

1. calm or comfort a person by holding that persons with no resistance from that person;
2. protect a person known to be at risk or injury due to frequent falls as a result of a medical condition;
3. facilitate the person's completion of a task or response when the person does not resist or the person's resistance is minimal in intensity and duration; or
4. briefly block or redirect a person's limbs or body without holding the person or limiting the person's movement to interrupt the person's behavior that may result in injury to self or others.

B. Restraint may be used as an intervention procedure to:

1. allow a licensed health care professional to safely conduct a medical examination or to provide medical treatment ordered by a licensed health care professional to a person necessary to promote healing or recovery from an acute, meaning short-term, medical condition; or
2. assist in the safe evacuation or redirection of a person in the event of an emergency and the person is at imminent risk of harm.

IV. Prohibited Procedures

Use of the following procedures as a substitute for adequate staffing, for a behavioral or therapeutic program to reduce or eliminate behavior, as punishment, or for staff convenience, is prohibited by this program:

1. chemical restraint;
2. mechanical restraint;
3. manual restraint;
4. time out;
5. seclusion; or
6. any aversive or deprivation procedure.

V. Manual Restraints Allowed in Emergencies

A. This program allows the following manual restraint procedures to be used on an emergency basis when a person's conduct poses an imminent risk of physical harm to self or others and less restrictive strategies have not achieved safety. Detailed instructions on the safe and correct implementation of these allowed manual restraint procedures are included at the end of this policy. The allowed manual restraints include the following:

- Physical escort;
- One staff person arm restraint in standing position;
- One staff person arm restraint in sitting position.

B. The program will not allow the use of a manual restraint procedure with a person when it has been determined by the person's physician or mental health provider to be medically or psychologically contraindicated. This program will complete an assessment of whether the allowed procedures are contraindicated for each person receiving services as part of the service planning required under section 2450.071, subdivision 2, for recipients of basic support services; or the assessment and initial service planning required under section 2450.071, subdivision 3, for recipients of intensive support services. The program will not allow the use of a manual restraint for a person who is served by an ICF/ID facility unless the restraint is allowed in this policy **and** the restraint is allowed in the policy of the ICF/ID facility.

VI. Conditions for Emergency Use of Manual Restraint

A. Emergency use of manual restraint must meet the following conditions:

1. immediate intervention must be needed to protect the person or others from imminent risk of physical harm;
2. the type of manual restraint used must be the least restrictive intervention to eliminate the immediate risk of harm and effectively achieve safety; and
3. the manual restraint must end when the threat of harm ends.

B. The following conditions, on their own, are not conditions for emergency use of manual restraint:

1. the person is engaging in property destruction that does not cause imminent risk of physical harm;
2. the person is engaging in verbal aggression with staff or others; or
3. a person's refusal to receive or participate in treatment or programming.

VII. Restrictions When Implementing Emergency Use of Manual Restraint

Emergency use of manual restraint must not:

1. be implemented with a child in a manner that constitutes sexual abuse, neglect, physical abuse, or mental injury;
2. be implemented with an adult in a manner that constitutes abuse or neglect;
3. be implemented in a manner that violates a person's rights and protection;
4. be implemented in a manner that is medically or psychologically contraindicated for a person;
5. restrict 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;
6. restrict a person's normal access to any protection required by state licensing standards and federal regulations governing this program;
7. deny a person visitation or ordinary contact with legal counsel, a legal representative, or next of kin;
8. be used as a substitute for adequate staffing, for the convenience of staff, as punishment, or as a consequence if the person refuses to participate in the treatment or services provided by this program;
9. use prone restraint. "Prone restraint" means use of manual restraint that places a person in a face-down position. It does not include brief physical holding of a person who, during an

emergency use of manual restraint, rolls into a prone position, and the person is restored to a standing, sitting, or side-lying position as quickly as possible; or

10. apply back or chest pressure while a person is in a prone or supine (meaning a face-up) position.

VIII. Monitoring Emergency Use of Manual Restraint

A. The program must monitor a person's health and safety during an emergency use of a manual restraint. The purpose of the monitoring is to ensure the following:

1. only manual restraints allowed in this policy are implemented;
2. manual restraints that have been determined to be contraindicated for a person are not implemented with that person;
3. allowed manual restraints are implemented only by staff trained in their use;
4. the restraint is being implemented properly as required; and,
5. the mental, physical, and emotional condition of the person who is being manually restrained is being assessed and intervention is provided when necessary to maintain the person's health and safety and prevent injury to the person, staff involved, or others involved.

B. When possible, a staff person who is not implementing the emergency use of a manual restraint must monitor the procedure.

C. A monitoring form, as approved by the Department of Human Services, must be completed for each incident involving the emergency use of a manual restraint.

IX. Reporting Emergency Use of Manual Restraint

A. Within 24 hours of an emergency use of manual restraint, the legal representative and the case manager must receive verbal notification of the occurrence as required under the incident response and reporting requirements in the 2450 HCBS Standards, section 2450.06, subdivision 1.

When the emergency use of manual restraint involves more than one person receiving services, the incident report made to the legal representative and the case manager must not disclose personally identifiable information about any other person unless the program has the consent of the person.

B. Within 3 calendar days after an emergency use of a manual restraint, the staff person who implemented the emergency use must report in writing to the program's designated coordinator the following information about the emergency use:

1. who was involved in the incident leading up to the emergency use of a manual restraint; including the names of staff and persons receiving services who were involved;
2. a description of the physical and social environment, including who was present before and during the incident leading up to the emergency use of a manual restraint;
3. a description of what less restrictive alternative measures were attempted to de-escalate the incident and maintain safety before the emergency use of a manual restraint was implemented. This description must identify when, how, and how long the alternative measures were attempted before the manual restraint was implemented;

4. a description of the mental, physical, and emotional condition of the person who was manually restrained, leading up to, during, and following the manual restraint;
5. a description of the mental, physical, and emotional condition of the other persons involved leading up to, during, and following the manual restraint;
6. whether there was any injury to the person who was restrained before or as a result of the use of a manual restraint;
7. whether there was any injury to other persons, including staff, before or as a result of the use of a manual restraint; and
8. whether there was a debriefing with the staff and, if not contraindicated, with the person who was restrained and other persons who were involved in or who witnessed the restraint, following the incident. Include the outcome of the debriefing. If the debriefing was not conducted at the time the incident report was made, the report should identify whether a debriefing is planned.

C. A copy of this report must be maintained in the person's service recipient record. The record must be uniform and legible.

D. Each single incident of emergency use of manual restraint must be reported separately. A single incident is when the following conditions have been met:
1. after implementing the manual restraint, staff attempt to release the person at the moment staff believe the person's conduct no longer poses an imminent risk of physical harm to self or others and less restrictive strategies can be implemented to maintain safety;
2. upon the attempt to release the restraint, the person's behavior immediately re-escalates; and
3. staff must immediately re-implement the manual restraint in order to maintain safety.

X. Internal Review of Emergency Use of Manual Restraint

A. Within 5 business days after the date of the emergency use of a manual restraint, the DAC must complete and document an internal review of the report prepared by the staff member who implemented the emergency procedure.

B. The internal review must include an evaluation of whether:
1. the person's service and support strategies need to be revised;
2. related policies and procedures were followed;
3. the policies and procedures were adequate;
4. there is need for additional staff training;
5. the reported event is similar to past events with the persons, staff, or the services involved; and
6. there is a need for corrective action by the program to protect the health and safety of persons.

C. Based on the results of the internal review, the program must develop, document, and implement a corrective action plan for the program designed to correct current lapses and prevent future lapses in performance by individuals or the program.

D. The corrective action plan, if any, must be implemented within 30 days of the internal review being completed.

E. The program has identified the following person or position responsible for conducting the internal review and for ensuring that corrective action is taken, when determined necessary:

The Executive Director or, in his absence, the Program Director.

XI. Expanded Support Team Review of Emergency Use of Manual Restraint

A. Within 5 working days after the completion of the internal review, the program must consult with the expanded support team to:

1. Discuss the incident to:
   a. define the antecedent or event that gave rise to the behavior resulting in the manual restraint; and
   b. identify the perceived function the behavior served.
2. Determine whether the person's coordinated service and support plan addendum needs to be revised to:
   a. positively and effectively help the person maintain stability; and
   b. reduce or eliminate future occurrences of manual restraint.

B. The program must maintain a written summary of the expanded support team's discussion and decisions in the person's service recipient record.

C. The program has identified the following person or position responsible for conducting the expanded support team review and for ensuring that the person's coordinated service and support plan addendum is revised, when determined necessary:

The Program Director.

XII. External Review and Reporting of Emergency Use of Manual Restraint

Within 5 working days after the completion of the expanded support team review, the program must submit the following to the Department of Human Services using the online behavior intervention reporting form which automatically routes the report to the *Office* of the Ombudsman for Mental Health and Developmental Disabilities:

1. report of the emergency use of a manual restraint;
2. the internal review and corrective action plan; and
3. the expanded support team review written summary.

XIII. Staff Training

Before staff may implement manual restraints on an emergency basis the program must provide the training required in this section.

A. The program must provide staff with orientation and annual training as required in Minnesota Statutes, section 245D.09.

1. Before having unsupervised direct contact with persons served by the program, the program must provide instruction on prohibited procedures that address the following:

   a. what constitutes the use of restraint, time out, seclusion, and chemical restraint;

   b. staff responsibilities related to ensuring prohibited procedures are not used;

   c. why such prohibited procedures are not effective for reducing or eliminating symptoms or undesired behavior;

   d. why prohibited procedures are not safe; and

   e. the safe and correct use of manual restraint on an emergency basis according to the requirements in the 245D HCBS Standards, section 245D.061and this policy.

2. Within 60 days of hire the program must provide instruction on the following topics:

   a. alternatives to manual restraint procedures, including techniques to identify events and environmental factors that may escalate conduct that poses an imminent risk of physical harm to self or others;

   b. de-escalation methods, positive support strategies, and how to avoid power struggles;

   c. simulated experiences of administering and receiving manual restraint procedures allowed by the program on an emergency basis;

   d. how to properly identify thresholds for implementing and ceasing restrictive procedures;

   e. how to recognize, monitor, and respond to the person's physical signs of distress, including positional asphyxia;

   f. the physiological and psychological impact on the person and the staff when restrictive procedures are used;

   g. the communicative intent of behaviors; and

   h. relationship building.

B. 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 or in the 12-month period before this program's 245D-HCBS license became effective on Jan. 1,2014.

C. The program must maintain documentation of the training received and of each staff person's competency in each staff person's personnel record.

XIIII. Detailed Instructions on Allowed Manual Restraint Procedures

If an emergency use of manual restraint is needed, staff will attempt to verbally calm the person down throughout the implemented procedure(s), unless to do so would escalate the person’s behavior. The least restrictive manual restraint will be used to effectively handle the situation.

A. **Physical escort**; if a person served has escalating behaviors and it is necessary to move the person then a staff person will walk by the side and slightly behind the person. Staff will place their hand that is closest to the person on the person's forearm just below the elbow while applying firm, but gentle, pressure to encourage them to walk forward. While walking with the person staff will remain near the person so that the placement of the hand on the person's forearm is effective. If this is not effective then staff may use both of their hands to move the person while walking forward. Staff will place their hand that is furthest from the person served onto the person's forearm and then move their hand that is closest to the person to the small of the back of the person served. Use firm but gentle pressure and remain close to the person while walking with them to another area. Two staff may assist with a physical escort, one on each side of the person served.

B. **One staff person arm restraint in standing position**; staff may transition from a Physical escort to an arm restraint or an arm restraint may be used separately. If a person's behaviors can be managed by restraining one arm staff will attempt a one arm restraint prior to using a two arm restraint. If restraining the person's right arm; from behind the person, with your chest against the person's back, place your right hand just above the person's right elbow. Push the person's right arm forward while your left hand is placed between the person's left arm and rib cage and then reach with the left hand to grasp the person's right forearm. Once forearm is secured with the left hand move your right hand between the person's right arm and rib cage and grasp the person's right forearm so that both hands are holding the right forearm. Rotate the person's right forearm down a quarter turn so that the weak points of your grip (i.e. between the fingers and the thumb) are against the person's stomach. If it is necessary to restrain the person's left arm then remove your left hand from the person's right forearm and reach around the outside of their left arm pinning their left arm against their side and then grasp the person's right forearm with your left hand. If restraining the person's left arm first then perform the same procedure using your opposite hands.

C. **One staff person arm restraint in sitting position**; staff may initiate an arm restraint when someone is in a sitting position or may transition into a sitting position from a standing position. Use the same procedures as when using the "One staff person arm restraint in standing position". If transitioning to a seated position staff will verbally notify the person of what they are doing and will slowly back up and lower the person to the floor. Staff may be in a sitting or kneeling position behind the person.

Policy reviewed and authorized by:

John H. Luetmer, Program Director
Print name & title

Signature

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