

DEVELOPMENTAL DISABILITIES ADMINISTRATION
Olympia, Washington

TITLE: RESTRICTIVE PROCEDURES AND RESTRAINTS POLICY 5.22

Authority:	42 C.F.R. 483.25(n) Title 71A RCW Chapter 388-825 WAC	<i>Bed Rails</i> <i>Developmental Disabilities</i> <i>Developmental Disabilities Services</i>
Reference:	DDA Policy 5.06 DDA Policy 5.13 DDA Policy 5.14 DDA Policy 5.17 DDA Policy 5.21 DDA Policy 7.03 DDA Policy 9.02 DDA Policy 12.01 DDA Policy 12.02	<i>Client Rights</i> <i>Protection from Abuse: Mandatory Reporting</i> <i>Positive Behavior Support Principles</i> <i>Physical Intervention Techniques</i> <i>Functional Assessments and Positive Behavior Support Plans</i> <i>Informed Consent</i> <i>Psychotropic Medications: ICF/IID and State-Operated Nursing Facility</i> <i>Incident Reporting and Management for DDA Employees</i> <i>RHC Incident Investigations</i>

BACKGROUND

Clients have the right to a dignified existence, to self-determine, and communicate or associate with persons of their choosing. To benefit from these rights, the client has the right to be free from discrimination, reprisals, coercion, and interference. This includes being free from abuse, neglect, misappropriation of the client’s property, punishment, involuntary seclusions or segregation, and physical or chemical restraints not required to treat the client’s medical symptoms. DDA Policy 5.06, *Client Rights*, and [WAC 388-823-1095](#) provide greater insight into the rights a client may exercise.

The Developmental Disabilities Administration (DDA) intends to provide services and supports to people with intellectual, developmental disabilities in the least restrictive and least intrusive manner possible. When a client’s medical symptoms or behavior present a threat of injury to self or others, or when behavior threatens significant damage to the property of others, steps must be taken to protect the client, others, or property from harm. Supports and interventions as

described in the DDA Policy 5.14, *Positive Behavior Support Principles*, and DDA Policy 5.21, *Functional Assessments and Positive Behavior Support Plans*, will be used to reduce target behaviors and to eliminate the need for restrictive practices. When positive behavior support alone is insufficient to protect the client, others, or property, temporary restrictive procedures may be necessary.

PURPOSE

This policy describes which restrictive procedures and restraints are allowed and which are prohibited, the circumstances under which allowed restrictive procedures may be used, the requirements that must be met before they may be used, and the requirements for documenting approvals, consents, and monitoring their use.

SCOPE

This policy applies to Residential Habilitation Centers, which includes state-operated intermediate care facilities for individuals with intellectual disabilities (ICF/IIDs) and state-operated nursing facilities (collectively “the facility”).

If a conflict exists between this policy and federal regulations (CFR), state laws (RCW), or state rules (WAC) for ICF/IIDs and nursing homes, the laws and regulations are controlling. Administrators of such facilities should refer to [Chapter 18.20 RCW](#) and [Chapter 70.129 RCW](#).

DEFINITIONS

Audio monitor means private communication transmitted by telephone, cellular phone, radio, or other device between two or more people between points within or outside the state by any device electronic or otherwise designed to record or transmit said communication regardless of how such device is powered or actuated.

Aversive stimulation means the application of a stimulus that is unpleasant to the client, such as water mist to the face, unpleasant tastes applied directly to the mouth, noxious smells, and causing pain.

Behavior means an action that can be observed and counted.

Behavioral health conditions are disorders defined by the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5).

Chemical restraint is any drug that is used for discipline or staff convenience and not standard treatment for medical symptoms. *Chemical restraint is prohibited.*

Corporal punishment means physical punishment of any kind. *Corporal punishment is prohibited.*

Emergency means extreme hazards or unanticipated, unpredicted actions by the client or others placing the client or other's health and safety at immediate risk.

Excessive force means use of force greater than that which is reasonable and prudent under the circumstances.

Exclusionary time-out means the removal of a client from a situation where positive reinforcement is available to an area where it is not—contingent on the occurrence of a specific behavior—and where exiting the area is prevented. *Exclusionary time-out is prohibited.*

Forced compliance means physically forcing or ordering a client to do something they do not want to do when an immediate need for protection is not present. *Forced compliance is prohibited.*

Mechanical restraint means any device attached or adjacent to a client's body they cannot easily remove that restricts freedom of movement or normal access to their body. Mechanical restraint does not include the use of devices, materials, or equipment that are medically authorized and used in a manner that is consistent with federal or state licensing or certification requirements for facilities, hospitals, or programs authorized under [Chapter 71A.12 RCW](#).

Medically necessary means healthcare services or supplies needed to prevent, diagnose, or treat an illness, injury, condition, disease, or its symptoms and meet accepted standards of medicine.

Overcorrection means requiring a client to clean or fix the environment more than necessary to restore it to its original state, or to repeatedly practice the correct way to do something as a consequence for having done something wrong. *Overcorrection is prohibited.*

Physical intervention means manual techniques used to interrupt or stop behavior. Physical intervention includes blocking techniques and maneuvers to release or escape a dangerous or potentially dangerous situations, move clients, or physically restrain a client.

Physical restraint means physically holding or restraining all or part of a client's body in a way that restricts the client's free movement. This does not include briefly holding, without undue force, a client in order to calm them, or holding a client's hand to escort the client safely from one area to another.

Physical or mechanical restraint in a prone position means the client is being restrained while lying on their stomach. *Physical or mechanical restraint in a prone position is prohibited.*

Physical or mechanical restraint in a supine position means the client is being restrained while lying on their back. *Physical or mechanical restraint in a supine position is prohibited*, unless necessary for the completion of medical or dental procedures as described in Policy Section (K).

Protection means supervision and supports that minimize or prevent injury or harm and enable a client to function at his or her highest level.

Protective supervision means a temporary increase in staff monitoring in response to specific needs to provide health and safety defined in the client's plan.

Qualified Intellectual Disabilities Professional (QIDP) means a staff member who has at least one year of experience working directly with people with an intellectual disability or other developmental disability, and is one of the following:

- A doctor of medicine or osteopathy;
- A registered nurse; or
- A person who holds a bachelor's degree in one of the following: occupational therapy; physical therapy; psychology; social work; or other human services (e.g., special education or rehabilitation counseling).

Restraint means any of numerous authorized methods used to limit a client's freedom of movement or immobilize the client. This includes using a device or garment, hold or bodily maneuver, or restricting space to physically control, subdue, or calm a client who exhibits behavior that presents a risk of harm to the client, others, or property.

Restrictive procedure means a procedure that restricts a client's freedom of movement, restricts access to client property, requires a client to do something they do not want to do, or removes something the client owns or has earned.

Seclusion mean locking a client alone in a room or other mechanism, such as a Posey bed, making egress not possible. ***Seclusion is prohibited.***

Target behavior means a behavior identified by the facility that needs to be modified or replaced.

Time-out room means an empty room where reinforcement is unavailable and the room is specifically set aside for the purpose of exclusionary time-out.

POLICY

- A. Clients have the right to be free from unnecessary restrictions, restraints, and medications.
- B. Clients do not have rights to restrictive procedures, restraints or medications where there are no assessed needs.

- C. A restrictive procedure or restraint may only be used for the purpose of protection. A restrictive procedure or restraint must not be used for the purpose of changing behavior in situations where no need for protection is present.
- D. Only the least restrictive procedure needed to adequately protect the client, others, or property may be used. A restrictive procedure must be terminated as soon as the need for protection is over.
- E. A restrictive procedure or restraint must not be used to:
1. Discipline or punish a client; or
 2. Substitute for appropriate active treatment or programming.
- F. When a client has restrictive procedures in their IHP or IPOC that may impact their housemate, efforts must be made to minimize the effect on the housemate. The facility must document in the housemate's plan how they will address the impact on the housemate and protect the rights of the clients. Consent to the plan by the housemate and the housemate's legal representative must be reviewed and documented in the service provider's client record annually.
- G. Any restraint of a client must be conducted according to the requirements described in DDA Policy 5.17, *Physical Intervention Techniques*, in addition to the requirements of this policy.
- H. Each facility must have written procedures that implement requirements of this policy and DDA Policy 5.17, *Physical Intervention Techniques*.
- I. A restrictive procedure or restraint may be authorized:
1. As part of the client's IHP, IPOC, or PBSP;
 2. If required by a healthcare professional's order in response to a client who does not comply with a specific medical treatment or measure to control the spread of infection or allow for the healing of a wound which is necessary for the client's health and protection;
 3. A behavioral crisis occurs wherein the client's behavior seriously and imminently endangers the health and safety of the client, others, or poses a risk of significant property damage; or
 4. If used for routine medical or dental examinations or treatments and:

- a. The interdisciplinary team has developed a plan to decrease the use of such restraints; and
- b. The restrictive procedure or restraint is used under the direct supervision of a healthcare professional.

J. **Non-Restrictive Procedures**

The following procedures are not restrictive and a functional assessment and positive behavior support plan are not required to use these procedures. Instructions are provided to staff through the IHP or IPOC with supporting programs and written guidelines.

Non-Restrictive Procedures may include:

1. Teaching, Training, and Support Methods

- a. Prompting by using verbal and physical cues or gestures and physical assistance.
- b. Simple correction by explaining or showing how to do something correctly, coaching, or guiding the client with or without physical assistance. Correction should always be demonstrated in a respectful manner.
- c. Not attending to specific behaviors to reduce that behavior's frequency of use.
- d. Offering or suggesting alternatives, and discussing consequences of different behaviors.
- e. Setting up incentive programs using tokens or points with special motivators, such as money, CDs, videos. Incentives must not be purchased using the client's funds.
- f. Teaching and encouraging a client to choose and purchase healthy, nutritional food.
- g. Delaying, postponing, rescheduling, or, if necessary, canceling an activity for a client because the client engages in target behaviors that threaten health and safety at the time of the event.
- h. Physically blocking a client for protection without holding the client, not related to egress.

- i. Requiring a client to leave an area for protection, without physical coercion.
- j. Use of medical alert devices for client safety and health conditions, such as seizures, falls, or dementia. The client may wear a medical alert device, such as a necklace or bracelet.
- k. Requiring a client to use a seatbelt when transported in a motor vehicle.
- l. Requiring a client who uses a wheelchair with a seatbelt to use the seatbelt when transported outside.

K. Physical Restrictions and Restraints Ordered by a Medical Professional

1. A medical professional may order medically necessary mechanical restrictions or restraints to protect a client's physical health and treat a medical condition. This policy does not impinge on the medical professional's ability to employ mechanical systems to provide medically necessary treatment.
2. The IDT will determine the appropriate response to the client's reaction and consider changes to the IHP, IPOC, IIP, or functional assessment and positive behavior support plan with teaching efforts to reduce the need for medically necessary physical or mechanical restraints.
3. If medically necessary treatments are planned and it is anticipated the client's movements or access to his or her body will need to be limited, the medical provider and the IDT must determine which procedures are required and document the protocols and approvals for each.
4. A medical device that limits a client's ability to move or access their body is by definition a restrictive procedure and requires all appropriate approvals but are prescribed in response to medical necessity and not target behaviors. For medical devices with known safety risks refer to Policy Section (L)(7). Before a medical provider may use a medical device or procedures that will limit a client's ability to move or access their body, the IDT must:
 - a. Examine and document lesser restrictive alternatives considered and why they were determined ineffective in preserving the client's health or completing the treatment of the medical condition;
 - b. Document there is no medical reason the device or treatment cannot be used;

- c. Develop protocol for facility employees that:
 - 1) List the condition or symptoms requiring the device;
 - 2) Explain when the device may be applied;
 - 3) Explain how to interact with and monitor the client while the device is applied; and
 - 4) Explain when the device must be removed, specifically the acceptable duration of each use and behaviors that indicate the client needs to be released early because the client is not tolerating the device; and
 - d. Create a plan to reduce and eventually eliminate the use of the medically necessary device. The plan must define observable criteria that indicate when reduction should be considered.
5. The facility must reduce the use of a mechanical restraint unless a medical professional provides written documentation that states:
- a. Medical necessity contraindicates reduction or elimination of the device's use; and
 - b. When the contraindication will be re-examined and medical necessity reformulated.

L. **Restrictive Procedures**

The IDT may consider using the following restrictive procedures to address a client's assessed needs.

1. Money Management and Support

The IDT must assess a client to determine if the client needs support managing their money. The IDT must help the client manage their financial resources based on the identified needs. Clients should be involved in these activities as much as possible to state their preferences and increase their money management skills. The IDT may provide money management and support by:

- a. Developing a budget plan consistent with the client's interests and financial resources;

- b. Monitoring weekly expenditures to ensure the client does not overspend;
- c. Purchasing clothing and other items the client wants; and
- d. Budgeting money for leisure activities.

Note: If the client's monies are to be used to purchase the client gifts that are going to be held for holidays or birthdays, this is a restrictive procedure that must be reviewed and approved as outlined by Procedures Section (D) and must include the Human Rights Committee.

- 2. Requiring a client to leave an area with physical coercion (i.e., physically holding and moving the client with force) for protection of the client, others, or property.
- 3. Using bed, chair, door, or window alarms.
- 4. Supervision that is necessary to prevent dangerous behavior and requires facility staff to maintain constant line-of-sight supervision, remain within a specified distance of the client at all times during waking hours, or requires staff-to-client ratios of one-on-one or higher."
- 5. Taking away items that could be used as weapons when the client has a documented history of making threats or inflicting harm with those or similar items (e.g., knives, matches, lighters, broken glass, etc.).
- 6. Temporarily removing client's property being used to inflict injury on one's self, others, or property. Removing property belonging to others is not a restrictive procedure.
- 7. Medical Devices with Known Safety Risks
 - a. The facility should determine if acceptable alternatives eliminate the potential dangers of using medical devices with known safety risks while also meeting the medical need (e.g., hi-lo bed instead of using bedside rails).
 - b. A medical device must be examined if a client's attempt to remove or adjust the device presents a risk of choking, asphyxiation, entrapment, falling, pulling the device onto the client, breaking bones, or otherwise causing injury or increasing severity of injury to the client.
 - c. Approval of medical devices with known safety risks must include:

- 1) Documentation of medical necessity;
 - 2) Informed consent as outlined in DDA Policy 7.02, *Informed Consent*; and
 - 3) Approvals as required in Procedures Section (D).
8. When a mechanical restraint or sedation must be used to complete a medical or dental procedure:
- a. The sedation use must conform with the requirements of DDA Policy 9.12 *Sedation Administration and Management*;
 - b. The medical professional must document medical necessity and describe:
 - 1) The positioning to be used;
 - 2) The procedure (e.g., blood draws, dental or medical exams, x-rays, casting or sutures, etc.) and purpose of the restraint;
 - 3) The anticipated duration for each class of procedures the restraint or sedation is to be used;
 - 4) Risks of using the manual or mechanical restraints and risks of not performing, and the benefit of the restraint use;
 - 5) Lesser restrictive interventions tried but were ineffective; and
 - 6) Desensitization procedures to be used in an effort to reduce or eliminate the need for manual or mechanical restraints.
 - c. The IDT must document the consent process consistent with DDA Policy 7.03, *Informed Consent*.
 - d. The medical provider must document in the client's medical record:
 - 1) The medical provider responsible for directly monitoring the restraint or sedation;
 - 2) Medical procedure completed during the use of the restraint or sedation;
 - 3) The type of restraint or sedation used;

- 4) The amount of time the client was placed in the restraint or given sedation medication;
- 5) The client's response to the restraint or sedation;
- 6) Time-out of restraint or cleared sedation; and
- 7) The client's physical, emotional, and behavioral state upon release of restraint or clearing sedation.

M. Restrictive Procedures Permitted only by the Superintendent

The procedures below are considered extremely intrusive and may be used only when less intrusive procedures have failed to protect the client, others, or property. These procedures must not be used for staff convenience or punishment. Procedures listed in this section require an FA, PBSP, and approvals required under Procedures Section (D). Restrictive procedures permitted only by superintendent approval include:

1. Controlling food consumption, including but not limited to locking the kitchen, refrigerator, or cabinets. Any request to limit or lock up a client's food for health reasons should address how they will gain access to food and liquids and include a plan to address the health condition. Such restrictions may be considered when:
 - a. A long-term threat exists to the client's health, as determined in writing by a physician;
 - b. A short-term threat exists, such as eating raw meat or uncontrolled water intake;
 - c. The dietary assessment and dietary orders direct controlling access and consumption as medically necessary; and
 - d. The client uses a target behavior to gain access to food or to avoid the restricted access to food.
2. Physical restraint to prevent the free movement of part or all of the client's body. Restraint in a prone or supine position (i.e., lying on the stomach or back, respectively) is prohibited under DDA Policy 5.17, *Physical Intervention Techniques*. Note: Under Policy Section (K), manual or mechanical restraint in the supine position is only allowed under the direct supervision of the medical professional ordering it to complete a medical procedure.

3. Requiring a client to wear any electronic monitoring device on their body to monitor the client's movements or behavior. The client and their legal representative must give consent if there is no court order.
4. Regulating or controlling a client's money in a manner the client or the client's legal representative object. See also Policy Section (L)(1) regarding money management.
5. The use of locks on doors, gates, and fences that prevent independent egress from the residence or yard. Keyed locks where someone must use a key from inside house or yard to exit must be avoided whenever possible. If a keyed lock must be used, the request for superintendent approval must include a safety plan detailing how the client will be evacuated in an emergency.
6. The use of seat belt locks or door lock safety features in vehicles to transport clients whose target behaviors, include as unlocking regular seat belts or opening vehicle doors while in operation, impeding their safe travel.
7. Restrictions on access to media that is violent or sexually explicit, such as pornography, actual or depicted violence in mediums such as television, video games, other recorded media, and print.
8. Routine search (i.e., a planned or scheduled search) of a client or their home and possessions. Without a court order or as a condition of community supervision, the client and their legal representative must consent to the procedure. A legitimate and significant reason to conduct the search must exist.
9. Use of any garment or modified clothing worn on the body that the client is unable to remove and which is intended to restrict the client's normal freedom of movement or limit access to their body.
10. Restricting a client's right to choose with whom the client wants to associate, visit, communicate; limiting the client's right to access public places, areas, or venues where certain populations or groups interact; or limiting the client's use of means of communication (e.g., limiting 900 calls or telephone service, supervising telephone usage to monitor behavior, etc.) requires the following for the approval of an ETP:
 - a. Clients Without Community Protection Program Needs
 - 1) Clients who do not have a legal guardian.
 - a) The client may voluntarily consent to restrictions limiting their access to people, classes of people, public places,

events, or media promoting social interaction or communication.

- b) If a client does not voluntarily consent to restrictions limiting their access to people, classes of people, public places, events, or media promoting social interaction or communication, the Habilitative Plan Administrator must consult the IDT to determine how to meet the client's or other's health and safety needs.
- 2) Clients who have an appointed guardian.
- a) The restriction may only be approved with a guardianship court order authorizing the guardian to limit the client's access to people, classes of people, public places, events, or various media promoting social interaction or communication;
 - b) The guardian must provide documentation the guardianship court has authorized the guardian to approve restrictions on the client's ability to freely associate;
 - c) The IDT has assessed the need to limit the client's ability to associate freely;
 - d) A FA and PBSP defines target behaviors to be replaced causing the need for restricting the client's ability to freely associate; and
 - e) Approval is received from the Superintendent and Human Rights Committee.
- 3) Restrictions must be review by the IDT annually or on the schedule outlined by the superintendent or Human Rights Committee. For more information see [RCW 11.92.195](#).
- b. Clients With Community Protection Program Needs
- 1) The IDT examines the professional's treatment plan and recommendations for the client;
 - 2) Adapts those recommendations and restrictions into the client's comprehensive functional assessment, IHP or IPOC; and

- 3) Obtains reviews and approvals according to Procedures Section (D).

11. Physical intervention techniques involving client restraint while in a seated position, including “couch holds.”

N. Prohibited Procedures

1. Procedures that are not permitted under any circumstances and for which no exceptions to policy may be granted are:
 - a. Restraint chairs;
 - b. Exclusionary time-out;
 - c. Corporal or physical punishment;
 - d. Forced compliance when not for protection, including exercise;
 - e. Locking a client alone in a room;
 - f. Overcorrection;
 - g. Physical or mechanical restraint in a prone position (i.e., the client is lying on their stomach);
 - h. Physical restraint in a supine position (i.e., the client is lying on their back) except for the use of manual or mechanical restraints to complete medical or dental procedures under Policy Section (K);
 - i. Removing, withholding, or taking away money, tokens, points, or activities that a client has previously earned;
 - j. Requiring a client to re-earn money, tokens, points, activities, or items previously purchased;
 - k. Withholding or modifying food as a consequence for behavior (e.g., withholding dessert because the client was aggressive);
 - l. Chemical restraint as defined; and
 - m. Posey bed.

2. Aversive stimulation is not permitted except for treatment of sexual deviancy by a certified or affiliate sex offender treatment provider (SOTP). Before the SOTP may use aversive stimulation:
 - a. The facility must obtain informed consent; and
 - b. The IDT must obtain the Superintendent's approval.

PROCEDURES

- A. The IDT must assess and outline the order of least restrictive interventions and procedures for each client. The IDT must consider potential physical and mental effects on the client when considering the risks and benefits of using restrictive interventions or restraints. In general:
 1. Speaking with, brief verbal redirection, or distracting the client are short, self-limiting, and less intrusive interventions than many other procedures;
 2. Briefly physically redirecting, blocking, or holding a client can be short-term, easily stopped, and does not require additional steps to safely to release the client;
 3. Physical or mechanical restraints are more restrictive, requiring time and physical energy to apply, are more likely to cause mental distress or physical injury, and take additional time to safely remove them from the client; and
 4. Medications used in response to a behavioral crisis are most restrictive since they cannot be easily removed, persist longer than the usual event, and carry more side effects and risk of neurological consequences, therefore, medications should be considered more restrictive and invasive in the hierarchy of possible restrictive procedures.
- B. Employees must document all actions involving restraints in the client's record, submit required incident reports, and participate in required debriefing, reviews, interviews, and investigations.
- C. Each facility must develop procedures to minimize the effects of restrictive procedures on housemates when a client's restrictive procedure impacts housemates.
- D. **Facility Procedures**

Each facility must develop procedures to ensure employees use positive behavior supports as primary methods of working with clients, and use restrictive procedures or restraints only if assessed as necessary. The facility's procedures must:

1. Require the IDT to assess the client's needs and develop an IHP or IPOC that emphasizes positive behavior support as outlined in DDA Policy 5.14, *Positive Behavior Support Principles*;
2. Require the IDT to document in the client's record the use of lesser restrictive techniques and interventions and why those techniques and interventions are ineffective before developing an IHP or IPOC containing restrictive procedures or restraints;
3. Require documents in the client's record for restrictive procedures or restraints included in the client's IHP or IPOC including:
 - a. A valid current informed consent for the use of the restrictive procedure or restraint by the client or the client's legal representative;
 - b. The IDT's justification and authorization;
 - c. The Human Rights Committee's review and authorization;
 - d. Continuous monitoring and review to determine effectiveness and need for continued use of procedures, restrictions, or medications.
4. Outline the procedures the IDT must use to minimize the effects of a client's restrictive procedures on housemates including:
 - a. What the IDT will document in the housemates' records to reduce the effects of a client's restrictive procedures;
 - b. How to obtain informed consent by each housemate or housemate's legal representative; and
 - c. How the impact on each housemate is reviewed and how consent is obtained annually;
5. Designate:
 - a. Which restrictive procedures and restraints are approved by the facility;
 - b. The facility's order of least restrictive to most restrictive procedures and restraints;
 - c. When the use of restrictive procedures or restraints may be necessary:

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- d. Which staff may authorize the use of restrictive procedures or restraints such as:
 - 1) Qualified Intellectual Disability Professional (QIDP);
 - 2) Licensed Physician or Certified Physician Assistant Certified (PA-C);
 - 3) Advance Registered Nurse Practitioner (ARNP);
 - 4) Registered Nurse (RN); and
 - 5) Dentist (for dental procedures only);
 - e. Procedures that must be followed when using restrictive procedures or restraints;
 - f. Procedures outlining who obtains authorizations and consents contemporary with each event using restrictive procedures or restraints to adequately cover the 24 hours in a day and 365 days of the year; and
 - g. How single use medication orders in response to behavioral crises are authorized and must comply with requirements in DDA Policy 9.02, *Psychotropic Medications: ICF/IID and State-Operated Nursing Facility*.
6. Inform staff how and when informed consents for restrictive procedures are obtained for the plan year and in response to emergency or crises consistent with DDA Policy 7.03, *Informed Consent*;
 7. Outline emergency procedures for authorizing the least restrictive response to manage the crisis or emergency and how to document the authorized procedure, the justification for its use, and the length of time the procedure may be implemented. Note: The use of time-out rooms is forbidden;
 8. Detail how the IDT documents required elements of its review of the emergency use of restrictive procedures in the client record by the next business day;
 9. Require the IDT and the prescriber to document reviews the use of single-use medication orders in response to behavioral crisis in the client's record by the next business day. The requirements for the prescriber's review are detailed in DDA Policy 9.02, *Psychotropic Medications: ICF/IID and State-Operated Nursing Facility*;

10. Necessary documentation for requesting the use of restrictive procedures or restraints must include:
- a. The IDT assessment of the client's needs, data collected and analyzed indicating why lesser restrictive interventions are inadequate to protect the health and safety of the client or others prior to authorizing more restrictive procedures. The IDT documents in the client's record the range of positive behavior supports and non-restrictive interventions used, including:
 - 1) Modifying the environment;
 - 2) Modifying approaches used including changes made to program or teaching plans;
 - 3) Teaching skills and adaptive behaviors;
 - 4) Documenting client reactions to each modification attempted;
 - 5) Analyzing data collected on the effectiveness of non-restrictive procedures and positive behavior supports in meeting the client's assessed needs; and
 - 6) The reasons why non-restrictive interventions are inadequate;
 - b. Written notification from the IDT to the PAT Director, Nursing Home Administrator, or designee that the IDT has assessed the client as needing the use of a restrictive procedure or a restraint;
 - c. Documentation of discussion with the client and their legal representative regarding the use of restrictive procedures or restraints before implementation including:
 - 1) The specific restrictive procedures or restraints to be used;
 - 2) The perceived risks of both the restrictive procedures or restraints and client's target behavior;
 - 3) The reasons justifying the use of the restrictive procedures or restraints; and

- 4) The data documenting why lesser intrusive or restrictive procedures are insufficient to protect the client, others or property;
 - d. A written FA and PBSP, which must address target behaviors requiring the use of restrictive procedures or restraints.
11. Define the approval process, which must include approval from the:
 - a. IDT;
 - b. PAT Director or Nurse Care Manager;
 - c. Client or their legal representative in the form of an “Informed Consent” for the restrictive procedure. The client’s approval should be sought to the extent they understand what is being proposed;
 - d. Superintendent or designee, as required; and
 - e. Human Rights Committee;

Note: The facility may consult with the DDA Clinical Director or Senior Medical Director for issues that may present a conflict of interests or higher level of review.
12. Establish dispute processes if the client or their legal representative disagree with parts of the proposed intervention strategies in the IHP, IPOC, PBSP, or proposed restrictive procedures.
 - a. The client or their legal representative may ask the IDT to make changes, provide alternatives, suggest alternatives or refuse the plan.
 - b. If controversy continues, the client or their legal representative may ask for the PAT Director to review and work with the client, their legal representative, and IDT to resolve issues.
 - c. If issues are not resolved, the client or their legal representative may request the Superintendent review the IDT and PAT director’s responses.

E. **Data Monitoring of Restrictive Procedures**

Each facility must develop procedures to ensure all of the following:

1. Staff responsible for writing the program addressing target behaviors must design data collection systems and train direct care staff in data collection;
2. Staff responsible for writing the program addressing target behaviors must document reviews of the data collected on the use of associated restrictive procedures, target behaviors, and replacement behaviors at least every 30 days; and
3. If data indicate replacement behaviors are not increasing or target behaviors are not decreasing, the IDT must do all of the following:
 - a. Document when the functional assessment and positive behavior support plan and programming will be revised. The maximum interval for review the IDT may set is the next scheduled 60 days.
 - b. Examine the target behavior functions identified in the functional assessment.
 - 1) If the target behavior functions are determined to be inaccurate:
 - a) The summary statements and A-B-C matrix must be modified; and
 - b) A new replacement behavior must be defined that serves the newly identified function of the target behavior.
 - 2) If the target behavior functions are considered appropriate, the replacement behaviors must be evaluated for possible adjustment or changed to an alternate replacement behavior to better match the target behavior's function.
 - c. Update the functional assessment.
 - d. Change the positive behavior support plan based upon the changes in the functional assessment and indicate the positive behavior support plan is a revised version with date and documentation of the approval process outlined in the facility's policy and procedures.

F. Incident Reports

Each facility must develop procedures to ensure:

1. Employees file incident reports consistent with DDA Policy *12.01 Incident Reporting and Management for DDA Employees*, and DDA Policy *5.13, Protection from Abuse: Mandatory Reporting*; and

2. Incident reports are filed if:
 - a. A restrictive procedure is implemented as an emergency or crisis response to a behavioral incident; and
 - b. A single-use medication order prescribing psychotropic medication is used in response to a behavioral crisis.

G. Emergency or Crisis Use of Restrictive Procedures or Restraints

1. In response to a crisis or emergency, only the least restrictive intervention reasonable to manage the crisis may be authorized. Authorization must be documented in the client record and include all points required by Procedures Section (D).

Note: The use of time-out rooms is prohibited.

2. The IDT authorization is required for all use of restrictive procedures or restraints.
3. Each facility must identify which staff positions may authorize temporary use of restrictive procedures or restraints in response to a crisis or emergency where the IDT is not immediately available.
4. The medical prescriber with the IDT authorize mechanical restraint to prevent damage caused by target behaviors to one's self (e.g., a helmet, arm splints, etc.) consistent with Procedures Section (D).
5. An electronic incident report must be submitted in accordance with DDA Policy 12.01, *Incident Reporting and Management for DDA Employees*, for each incident leading to the use of restrictive procedures as a response to a behavioral emergency. The facility must follow the requirements of DDA Policy 12.02, *RHC Incident Investigations*, in determining if an investigation is required.
6. If a restrictive procedure or restraint is used as a response to a crisis or emergency three times, the IDT must:
 - a. Update the client assessment;
 - b. Update the IHP, IPOC, or IIP; and
 - c. Conduct an FA and develop a PBSP.

7. Chemical restraints are prohibited. Refer to DDA Policy 9.02, *Psychotropic Medications: ICF/IID and State-Operated Nursing Facility*, for more information and use of psychotropic medications in response to a behavioral crisis.

H. **Treatment of Sexual Deviancy**

1. Appropriate treatment of clients with a history of sexual assault or inappropriate sexual behaviors, or clients who have committed illegal acts of a sexual nature, may involve restrictive procedures as part of their professional individualized treatment plan.
2. For a client with assessed needs similar to participants in the Community Protection Program, some restrictive procedures may be approved for purposes other than protection if a Certified Sex Offender Treatment Provider (C-SOTP), or an Affiliate SOTP (A-SOTP) working under the supervision of a C-SOTP recommends restrictive procedures in a written professional individualized treatment plan.
3. The client must consent to the procedures as part of their therapeutic treatment.
4. All reviews and approvals outlined in Procedures Section (D) must be completed before implementing changes made to a client's IHP, IPOC, FA, or PBSP to accommodate the treatment professional's recommendations at the facility.

I. **Court-Ordered Restrictions**

1. Least Restrictive Alternatives (LRAs) are court-ordered restrictions a client agrees to meet as a condition of release. If a client requests assistance in meeting court-imposed restrictive conditions, facility staff may provide that assistance. Programs shall only initiate restrictive procedures that are permitted by this policy. Additionally, all requirements of this policy must be met, including those relating to superintendent approval.
2. Restraining Orders and No-Contact Orders: If a client has a court order directing no contact with another person or location, staff may assist the client in adhering to the restraining order. No ETP is required.

J. **Distribution of FAs and PBSPs**

1. A copy of the client's current FA and PBSP must be available in the client's chart in the house or cottage for employees to access.

2. The facility must send a copy of the client's FA and PBSP to vocational and Preadmission Screening and Resident Review (PASRR) providers to facilitate consistent application of supports in these programs or settings.
3. If vocational and PASRR providers identify needs that would require the development of an FA or PBSP, the facility's IDT must consult with program staff to determine if modifications need to be made to existing plans (IHP, IPOC, IIP, FA, PBSP, etc.).

K. Monitoring Physical and Mechanical Restraint Procedures

1. A client who has been restrained must be observed continuously and without interruption to ensure the risks to the client's health and safety are minimized.
2. Whenever possible, a separate employee not involved in restraining the client should observe the procedure.
3. Documentation must include a written description of:
 - a. Events immediately preceding the behavior, which precipitated the use of restraint;
 - b. Procedures or efforts to de-escalate the client prior to the decision to use physical or mechanical restraint;
 - c. Type of restraint used;
 - d. Frequency of each restraint along with when each restraint was started and released must be recorded;
 - e. The client's reaction to the restraint, including physical and mental state upon release from restraint;
 - f. The names of employees involved in implementing the restraint;
 - g. The name of the QIDP responsible for authorizing the restraint;
 - h. The names of employees monitoring the restraint; and
 - i. Any injuries sustained by anyone during the restraint.
4. A restraint may be authorized for a maximum of 12 consecutive hours, except if ordered emergently for medical purposes by a physician or physician assistant or ARNP, in which case such restraint may be ordered for a maximum of 72 hours.

- a. Authorization must be obtained before the client is restrained, except for emergency situations when authorization must be obtained as soon as possible after the restraint is initiated, not to exceed three hours after the client was restrained.
- b. A client in a mechanical restraint must be under continuous visual supervision by an employee.
- c. A client must be monitored for symptoms of physical distress during the restraint (e.g., compromised breathing, circulation changes, and changes in level of consciousness). If symptoms of physical distress become evident, the client must be released immediately and a nursing assessment must be made immediately.
- d. To ensure proper application of a restraint, proper respiration, circulation, and level of consciousness, a client placed in restraint must be checked at least every 30 minutes by a medically trained employee who is not acting as part of the restraining staff.
- e. Opportunities for motion, toileting, fluids, and exercise must be provided for a period of not less than ten minutes for every two hours the client is placed in restraints. The time period can be no more than 110 minutes without a break.
- f. Complete informed consent from the client or the client's legal representative must be obtained prior to implementing a planned restraint as part of a client's IHP, IPOC, and PBSP. The IDT, the Superintendent, and the Human Rights Committee must approve all client plans incorporating restraints.

L. Planned Physical or Mechanical Restraint Procedures

1. For a client whose target behaviors may require physical or mechanical restraints, the client's record must:
 - a. Outline risks of implementing the restraint and risks of not implementing the restraint;
 - b. Outline the sequence of observable behaviors known to lead to placing the client in a restraint; and
 - c. Instruct staff about how to respond at each step in the sequence of observable behaviors that lead to application of a restraint. For more

information, see DDA Policy 5.21, *Functional Assessments and Positive Behavior Support Plans*.

2. All employees working with the client must be trained in the application of the PBSP, which must include:
 - a. Techniques and procedures to avoid triggering target behaviors, to distract, to redirect, and to encourage other behaviors;
 - b. Techniques employees use to avoid the use of a restraint;
 - c. Demonstration of distraction, redirection, and other behavior techniques, as well as the techniques to be used in response to behaviors in the escalation sequence; and
 - d. Demonstration of restraints identified in the PBSP.
3. The sole exception to training covering the client's PBSP prior to implementing restraints identified in the PBSP is an emergency where staff must protect the client or prevent injury to others.
4. If an employee is expected to implement a restraint, before using the restraint the employee must:
 - a. Complete Therapeutic Options and facility restraint training; and
 - b. Demonstrate competent application of techniques trained.
5. Employees expected to implement restraints must complete and demonstrate competent application of physical intervention and restraint techniques biennially.

EXCEPTIONS

Any exception to this policy must have prior written approval of the Deputy Assistant Secretary.

SUPERSESION

None.

Approved: /s/: Shannon Manion
Interim Deputy Assistant Secretary
Developmental Disabilities Administration

Date: May 15, 2021