



DIVISION OF DEVELOPMENTAL DISABILITIES  
Olympia, Washington

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TITLE: USE OF RESTRICTIVE PROCEDURES POLICY 5.15

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Authority: RCW 18.20  
RCW 71A.12, 71A.18

**BACKGROUND**

If a person engages in behavior which endangers people or property and interferes with the rights of others, intervention to address the behavior(s) is necessary. It is expected that supports as described in the Division of Developmental Disabilities (DDD) Policy 5.14, *Positive Behavior Support*, will be used to lessen the behaviors and to eliminate the need for restrictive practices.

When a person's behavior presents a threat of injury to self or others, or threatens significant damage to the property of others, steps must be taken to protect the person, others, or property from harm. When positive behavior support alone is insufficient, procedures which involve temporary restrictions to the person may be necessary.

**SCOPE**

This policy applies to all persons who receive services funded by DDD.

**PURPOSE**

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

**POLICY**

- A. Restrictive procedures shall be used only as provided for in this policy.
- B. In addition to this policy, Intermediate Care Facilities for the Mentally Retarded (ICF/MR) shall conform to all federal and state rules, regulations, policies and procedures governing restrictive practices. Facilities licensed as boarding homes shall conform to all applicable rules as stated in Chapters 212-36, 246-316 WAC, which also address the use of restraints.
- C. Restrictive procedures may only be used for the purpose of protection, and may not be used for the purpose of changing behavior in situations where no need for protection is present.
- D. A restrictive procedure is one which restricts a person's freedom of movement, restricts access to personal property, requires a person to do something which she or he does not wish to do, removes something the person owns or has earned, or applies aversive stimulation to a person.
- E. Only the least restrictive procedures needed to adequately protect the person, others, or property shall be used, and restrictive procedures shall be terminated as soon as the need for protection is over.
- F. Restrictive Procedures Which Are Prohibited
1. These procedures are never permitted under any circumstances and no exceptions to policy may be granted: aversive stimulation, electric shock, corporal punishment, locking a person alone in a room, and physical or mechanical restraint in a prone position.
  2. Definitions:
    - a. Aversive stimulation means the application of a stimulus which is unpleasant to the person (examples are water mist to the face, unpleasant tastes to the mouth);
    - b. Electric shock means the application of an electronic shock to any part of the person's body;
    - c. Corporal punishment means physical punishment of any kind;
    - d. Locking a person alone in a room means egress is not possible; and

- e. Physical or mechanical restraint in a prone position (i.e., person lying on stomach).

G. Restrictive Procedures Which are Permitted Only By Exception to Policy

The procedures listed below are considered severely intrusive and may be used only when less intrusive procedures have failed to protect the person, other persons, or property.

1. Time out rooms (placing a person alone in a room in which no reinforcement is available and from which the person is prevented from leaving) which are approved under federal ICF/MR regulations and guidelines;
2. Restraint chairs (chairs specifically modified for mechanically restraining a person);
3. Preventing or not inviting a person to attend activities they would normally, as a consequence for problem behavior unrelated to the activities. NOTE: If person is upset prior to an activity, or there is evidence that they are likely to engage in severe problem behaviors at an activity, the activity may be cancelled.
4. Removal of personal property where risk of damage to the property or injury to a person is not an issue;
5. Removing or taking away tokens, points or activities which a person has previously earned;
6. Restriction from common or public areas except as identified in sections H.2.b., H.2.c., and H.2.e. of this policy;
7. Restrictions on free communication, such as access to telephones, written communication, communication devices, and interactions with others;
8. Forced compliance, including exercise (physically forcing or ordering a person to do something they don't want to do);
9. Visual screening (placing or holding something over a person's eyes in physical contact with the face to limit the person's visual field);
10. Physical restraint not for protection;
11. Mechanical restraint not for protection;

12. Overcorrection (requiring a person to clean or fix the environment more than necessary to restore it to its original state, and/or to repeatedly practice the correct way to do something as a consequence for having done something wrong); and
13. Withholding or modifying food as a consequence for behavior. Food consumption may be controlled if unrestricted access to food is a long-term threat to the person's health, as determined in writing by a physician.

H. Restrictive Procedures Which Are Permitted

1. Protective restrictive procedures which are permitted have one or more of the following characteristics:
  - a. Interrupting or preventing behaviors which are dangerous or harmful to the person or others;
  - b. Interrupting or preventing behaviors which cause significant emotional or psychological stress to others; and/or
  - c. Interrupting or preventing behaviors which would otherwise result in significant damage to the property of others.
2. Permitted restrictive procedures include, but are not limited to:
  - a. Physically blocking someone's behavior (without holding on to the person);
  - b. Requiring a person to leave an area without physical coercion;
  - c. Requiring a person to leave an area with physical coercion to go to an area to protect others (physically holding on and moving the person);
  - d. Use of door and/or window alarms;
  - e. Restricted access to certain areas;
  - f. Removal of personal property being used to inflict injury on one's self or others (removal of property belonging to others is not considered a restrictive procedure);

- g. Required supervision;
- h. Physical restraint (manually holding a person to prevent the free movement of part or all of the person's body) with the exception of restraint in a prone position which is prohibited; and
- i. Mechanical restraint (applying a mechanical device which the person cannot remove to the body of a person for the purpose of restricting their free movement, or to prevent a person from inflicting injuries on him or herself (e.g., a helmet for self-injury or arm splints). Mechanical restraint in a prone position is prohibited.

I. Non-restrictive Procedures

1. The following procedures are considered part of standard teaching and training methods and are not considered restrictive:
  - a. Prompting (verbal, gestural and physical cues, as well as physical assistance);
  - b. Simple correction (explaining to a person they have done something incorrectly, showing a person how to do something correctly, physically assisting a person to correct something which they did incorrectly, suggesting a person not do something, requesting (but not requiring) a person to pay for damages, or requesting (but not requiring) a person to clean or fix the environment to restore it to its original state). Correction should be provided in a manner which is not unpleasant to the person.
  - c. Not attending to specific behaviors which appear to be inappropriate;
  - d. Offering or suggesting alternatives, discussing options, and discussing consequences of different behaviors; and
  - e. Verbally or physically prompting a person to move to the periphery of an activity to encourage learning by observation.
2. Splints applied for purposes of physical therapy, or other mechanical devices used to maintain proper body posture, wheelchair safety (e.g., seat belts or

chest straps), or devices used to protect a person from accidental injury (e.g., helmets for persons with seizures, gait belts), are not considered restrictive procedures and do not come under the requirements of this policy.

J. Use of Mechanical Restraints During Medical and Dental Treatment

The use of mechanical restraints during medical and dental treatment is acceptable if under the direction of a physician or dentist and is consistent with standard medical/dental practices. Efforts shall be made to familiarize the person with the medical/dental procedure so the least restrictive procedure is needed. Use of mechanical restraints by state employees during medical and dental treatment shall be further governed by the following guidelines:

1. The restraint is necessary for safe, effective treatment;
2. The restraint is not for punishment or the convenience of staff;
3. The least restrictive alternative is used;
4. The restraint should cause no physical trauma and minimal psychological trauma;
5. Reasonable benefits are expected as a result of treatment;
6. There is consent for treatment and for the use of restraint;
7. The restraint is specifically selected based on the planned treatment;
8. Staff is trained in the safe use of the restraint;
9. The physician or dentist writes an order to for the needed restraint;
10. The restraint is clearly documented in the person's medical record, including type, duration, and reason for use; and
11. The person is regularly monitored while restrained to ensure the restraint is not having adverse effects.

**K. Treatment of Sexual Offenders**

Appropriate treatment of individuals with a history of sexual assaultiveness or who have committed illegal acts of a sexual nature may involve certain restrictions as part of their therapeutic treatment plan. In these cases the use of restrictive procedures for other than protective purposes may be allowed by exception to policy if recommended by a qualified therapist (i.e., a registered sex offender therapist or therapist with experience in the treatment of sex offenders who have a developmental disability).

The person must consent to the procedures as part of their therapeutic treatment.

**L. Court Ordered Restrictions**

Court ordered restrictions are those which a person agrees to meet as a condition of release.

If a person requests assistance in meeting court-imposed restrictive conditions, DDD funded programs or staff may provide that assistance. DDD funded programs shall only initiate restrictive procedures that are permitted by this policy.

**M. Emergency Use of Restrictive Procedures**

1. Emergencies may occur in which a person's behavior presents an immediate risk to the health and safety of the person or other persons, or a threat to property. In such situations, restrictive procedures which are otherwise permitted in this policy may be used for protective purposes. However, the least restrictive procedures which will provide adequate protection shall be used, and they shall be terminated as soon as the need for protection is over.
2. An incident report must be submitted to the DDD case manager or the RHC superintendent or designee for each incident leading to the use of emergency restrictive procedures, in accordance with procedures for reporting incidents.
3. If a restrictive procedure is used on an emergency basis more than three (3) times within a six (6) month period, efforts must begin immediately to conduct a functional assessment which may result in development of intervention strategies and/or a behavior support plan.

**PROCEDURES**

- A. Prior to implementing restrictive procedures the program shall provide the following documentation on the proposed intervention strategy. For community programs, the documentation may be included in the Individual Instruction and Support Plan (IISP) or a separate document. For RHCs and ICF/MRs, this documentation will be included in a behavior support plan (BSP). At RHCs psychologists are responsible for developing the BSPs.

The person and/or their guardian shall be involved in discussions and informed of the perceived need for restrictive procedures, the determination of the specific restrictive procedures to be used, the perceived risks of both the person's problem behavior and the restrictive procedures, the reasons which justify the use of the restrictive procedures, and the reasons why less restrictive procedures are not sufficient.

Necessary documentation:

1. A behavioral definition of the behaviors which the restrictive procedures address;
2. A functional assessment of the target behaviors, including hypotheses why the person engages in these behaviors;
3. Based on the functional assessment, the positive behavior support strategies which will be used to reduce or eliminate the person's need to engage in the target behaviors (see DDD Policy 5.14, *Positive Behavior Support*);
4. A description of the restrictive procedure which will be used, when and how it will be used, and clear criteria for termination;
5. A plan for recording data on the use of the procedure and its effect;
6. A description of how the program or interdisciplinary team (IDT) will monitor the outcomes of implementing the positive behavior support strategies and the restrictive procedures;
7. A schedule for review and evaluation of the effectiveness of the intervention and the continued need for the restrictive procedure;



8. An approval process prior to implementing the intervention which reflects the following:

For community programs,

- a. All intervention strategies involving restrictive procedures require the approval of the program administrator; and
- b. Intervention strategies which involve exceptions to policy, or physical or mechanical restraints which touch the person, require written approval by the person and/or guardian. Approval shall be documented on a form which lists the risks of the problem behavior and the risks of the restrictive procedure, explains why less restrictive procedures are not recommended, and indicates alternatives to the recommendation. Space shall be provided for the person and/or guardian to write comments and their opinions regarding the plan.

For RHCs and ICE/MRs,

- a. Written approval of the BSP from the IDT; and
- b. Written approval from the Human Rights Committee as described in DDD Policy 5.10, Human Rights Committee.
- c. Review committees shall be composed of, at a minimum:
  - (1) A person with a developmental disability;
  - (2) A member of the general public not affiliated with the agency or program;
  - (3) A person who has a family member with a developmental disability; and
  - (4) A counselor, therapist or mental health specialist experienced in working with persons with developmental disabilities.
- d. In order to approve a BSP, review committees shall determine that:
  - (1) All of the required elements are included in the BSP;

- (2) The elements of the BSP are consistent with the functional assessment;
    - (3) The steps for implementing the BSP are described clearly; and
    - (4) There is adequate justification that the problem behaviors pose a greater risk than the risks of the proposed BSP.
  - e. Members of review committees shall receive training in the criteria necessary to approve the use of restrictive procedures. Members shall also sign an oath of confidentiality.
  - f. Members of review committees may not review BSPs which they developed or assisted in developing.
  - g. Each review committee shall establish a meeting schedule and procedures for documenting review of BSPs.
9. If the person and/or guardian disagree with parts of the proposed intervention strategies/BSP, they may file a grievance according to the procedures of the program or agency. If they are not satisfied with the program/agency response, they may request a review by the DDD regional administrator.

**B. Monitoring of Restrictive Procedures**

1. Persons being restrained must be observed continuously and without interruption to ensure that the risks to the person's health and safety are minimized.
2. Whenever possible, a separate person not involved in restraining the person shall observe the procedure.
3. Each use of restrictive procedures must be recorded.
4. If restraint is used, time in and time out of restraint must be recorded.
5. Documentation should include a written description of:
  - a. The events immediately preceding the behavior which precipitated the use of restraint;
  - b. The type of restraint or intervention;

- c. The duration of the restraint;
  - d. The person's reaction to the intervention;
  - e. How many staff were involved; and
  - f. Any injuries sustained by anyone during the intervention.
6. Incident reports are required under the following conditions:
- a. When any injuries requiring first aid and/or medical care are sustained by any person during implementation of a restrictive procedure/ intervention; and
  - b. Whenever restrictive procedures are implemented under emergency guidelines.
7. Incident reports shall be submitted in accordance with DDD Policy 12.01, *Incident Management*, for RHCs and ICF/MRs, and in accordance with DDD Policy 6.12, *Residential Reporting Requirements*, for contracted community residential programs and SOLAs.

C. Documented Intervention Strategies

Copies of each approved intervention or BSP using a restrictive procedure will be kept in a central location as designated by the program administrator or RHC superintendent and be available for review.

D. Data Monitoring

1. Program staff responsible for intervention strategies/BSPs must review the data at least every 30 days.
2. If the data indicates that progress is not occurring after a reasonable period, but no longer than six months, the intervention strategies/BSPs shall be reviewed and revisions implemented as needed.

3. At least annually, intervention strategies using restrictive procedures which require exceptions to policy, or involve physical or mechanical contact with the person, must be reapproved by the approving authorities.

E. Restrictive Procedure Summaries

1. For community programs, every six (6) months, a summary of the use of restrictive procedures shall be sent to the DDD regional office.
2. For RHCs and ICE/MRs, the Qualified Mental Retardation Professional (QMRP) shall summarize the use of restrictive procedures at least quarterly.

**EXCEPTIONS**

Any exceptions to this policy must be reviewed and approved in writing by the DDD regional administrator within seven (7) working days. In those instances where a seven-day decision is not in the best interests of the person, a plan detailing the actions and timelines necessary to reach the decision will be provided by the regional administrator to the division director for approval. Decisions made by the regional administrator are appealable to the division director.

**SUPERSESSON**

DDD Policy 5.12

Issued December 28, 1993

Approved: /s/ Norm Davis  
Director, Division of Developmental Disabilities

Date: 1/30/1996