

DEFINITIONS

Aversive stimulation means the application of a stimulus that is unpleasant to the person (e.g., water mist to the face, unpleasant tastes applied directly to the mouth, noxious smells, etc.).

Electric shock means the application of an electric current or charge to any part of the body (electroconvulsive therapy (ECT) for depression is not included in this definition).

Corporal punishment means physical punishment of any kind.

Locking a person alone in a room means egress is not possible.

Mechanical restraint means applying a device or object which the person cannot remove to the person's body for the purpose of restricting their free movement.

Physical/manual restraint means physically holding or restraining all or part of a person's body in a way that restricts their free movement.

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

Restrictive procedure means a procedure 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 want to do, or removes something the person owns or has earned.

POLICY

- A. Restrictive procedures must be used only as provided for in this policy.
- B. In addition to this policy, **Intermediate Care Facilities for the Mentally Retarded (ICF/MR)** must conform to all federal and state rules, regulations, policies and procedures governing restrictive practices. Facilities licensed as **boarding homes** must conform to all applicable rules as stated in Chapters 388-78A WAC, which also address the use of restraints. **Adult Family Homes** must adhere to Chapter 388-76 WAC regarding resident rights and 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. Only the least restrictive procedures needed to adequately protect the person, others, or property shall be used, and restrictive procedures must be terminated as soon as the need for protection is over.

E. **Prohibited Procedures**

1. Procedures that are not permitted under any circumstances and for which no exceptions to policy (ETP) may be granted are:
 - a. Corporal punishment;
 - b. Electric shock;
 - c. Locking a person alone in a room; and
 - d. Physical or mechanical restraint in a prone position (i.e., lying on the stomach.)
2. Aversive stimulation is **not** permitted except for treatment of sexual deviancy where a certified sex offender therapist conducts the treatment and informed consent and an ETP have been obtained. See Section J of this policy for additional information.

F. **Restrictive Procedures Permitted Only By Exception to Policy (ETP)**

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. These procedures must be accompanied by a behavior support plan (BSP) and require an ETP.

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 meet federal ICF/MR regulations and guidelines;
2. Restraint chairs (chairs specifically modified for mechanically restraining a person);
3. Restricting access to certain populations, areas, or public places (e.g., sex offender restricted from being unsupervised with minor children, on school yards, day care centers, etc.);

4. Restrictions on free association and communication, such as access to pornography, telephones and the Internet, written communication, communication devices, and interactions with others (e.g., limiting 900 calls and/or long distance telephone service, supervising telephone usage to monitor behavior, etc.);
5. Requiring an individual to wear any electronic monitoring device on their person to monitor their behavior. Without a court order or as a condition of community supervision, the person and their guardian must give consent;
6. Routine search of a person and/or their home and possessions. Without a court order or as a condition of community supervision, the person and their guardian must consent to the procedure. A legitimate and significant reason to conduct the search must exist;
7. Not allowing a person to attend activities, at home or in the community, as a disciplinary consequence (e.g., not allowing the person to watch TV because they did not do the dishes; not allowing the person to go bowling because they hit a person the day before);

NOTE: If a person is upset immediately 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 for the individual and no ETP is required.

8. Removal of personal property where risk of damage to property or injury to a person is not an issue (e.g., taking the person's TV away for swearing at a caregiver);
9. Removing or taking away money, tokens, points or activities that a person has previously earned;
10. Requiring a person to re-earn money or items purchased previously;
11. Regulating or controlling a person's money in a way which they and/or their legal guardian object to (see also Section H.2 of this policy regarding money management);
12. Forced compliance, including exercise, when it's not for protection (physically forcing or ordering a person to do something they don't want to do);
13. Visual screening (placing or holding something over a person's eyes in physical contact with the face to limit the person's visual field);

14. 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
15. Withholding or modifying food as a consequence for behavior (e.g., withholding dessert because the person was aggressive).

G. **Restrictive Procedures Permitted Without an ETP**

The procedures listed below require a behavior support plan (BSP) as specified in this policy (see Procedures, Section A).

1. Protective restrictive procedures 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 result in significant damage to the property of others.
2. Permitted restrictive procedures include, but are not limited to:
 - a. Controlling food consumption if unrestricted access to food is:
 - (i) A long term threat to the person's health, as determined in writing by a physician; or
 - (ii) A short term threat (e.g., eating raw meat); or
 - (iii) Necessary for assisting the person to live within their budget;
 - b. Requiring a person to leave an area with physical coercion (i.e., physically holding and moving the person) to protect themselves, others, or property;
 - c. Using door and/or window alarms to monitor persons who present a risk to others (e.g., sexually or physically assaultive);
 - d. Required supervision to prevent dangerous behavior;

- e. Taking away items which could be used as weapons when the person has a history of making threats or inflicting harm with those or similar items (e.g., butcher knives, matches, lighters, etc.);
- f. Removing personal property being used to inflict injury on one's self, others, or property (removing property belonging to others is not a restrictive procedure);
- g. Physical restraint to prevent the free movement of part or all of the person's body with the exception of restraint in a prone or supine position (i.e., lying on the stomach or back, respectively) which is prohibited (See also DDD Policy 5.17, *Physical/Manual Intervention Techniques*); and
- h. Mechanical restraint to limit the person's free movement or to prevent them from self-injury (e.g., a helmet, arm splints, etc.). Mechanical restraint in a prone position (lying on the stomach) is prohibited.

NOTE: 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 require BSPs.

H. Non-restrictive Procedures

1. **Teaching, Training and Support Methods**

The following procedures are not restrictive and BSPs are not required to use these procedures. Programs or written guidelines to staff are recommended if these procedures are used frequently.

- a. Prompting (verbal, gestural and physical cues, as well as physical assistance);
- b. Simple correction (explaining or showing how to do something correctly, coaching and/or guiding the person with or without physical assistance). Correction should always be demonstrated in respectful manner;
- c. Not attending to specific behaviors which appear to be inappropriate;

- d. Offering or suggesting alternatives, discussing options, and discussing consequences of different behaviors;
- e. Setting up incentive programs using tokens or points with special motivators (e.g., extra money, CDs, videos, etc.). Note: these must be purchased with money other than the person's;
- f. Teaching and encouraging a person to choose and purchase healthy, nutritional food;
- g. Cancelling an activity for an individual because he or she is agitated at the time of the event;
- h. Controlling access to prescription medicines, over the counter medications, and hazardous chemicals which can be harmful (e.g., laxatives, cleaning fluids, insecticides);
- i. Physically blocking someone's behavior for protection without holding him or her;
- j. Requiring a person to leave an area for protection (without physical coercion); and
- k. Use of door and/or window alarms for personal safety and security (e.g., sexually vulnerable, dementia, traffic safety).
- l. Use of medical code alert devices for personal health and safety (e.g., seizures, falls, dementia).

2. **Money Management and Support**

- a. An important support many people who live in their own homes need is help managing within their financial resources. This may involve limiting, to varying degrees, a person's access to their money to ensure that basic necessities are covered and the person meets their financial obligations. The person should be involved in these activities as much as possible to state personal preferences and increase money management skills.

Ways to support the person include:

- (1) Developing a budget plan consistent with the person's interests and financial resources;
 - (2) Monitoring weekly expenditures to ensure the person does not overspend;
 - (3) Paying rent and bills on time;
 - (4) Buying food;
 - (5) Purchasing clothing and other personal items; and
 - (6) Budgeting money for leisure activities.
- b. The type and amount of assistance needed must be documented in the person's plan (e.g., ISP, IISP, IHP).

I. **Use of Mechanical/Physical Restraints During Medical and Dental Treatment**

The use of mechanical/physical restraints during medical and dental treatment is acceptable if under the direction of a physician or dentist and consistent with standard medical/dental practices. Efforts should be made to familiarize the person with the medical/dental procedure so the least restrictive procedure is needed. See also DDD Policy 5.17, *Physical/Manual Intervention Techniques*, for more information.

Any use of mechanical/physical restraints is further governed by the following best practice guidelines:

1. The restraint is necessary for safe, effective treatment;
2. The restraint causes no physical trauma and minimal psychological trauma;
3. Consent for treatment and use of restraint has been obtained;
4. Staff is trained in the safe use of the restraint;
5. The physician or dentist writes an order for the needed restraint;
6. The restraint plan is clearly documented in the person's medical record, including reason for use, type, and expected duration; and

7. The person is monitored while restrained to ensure the restraint is not having adverse effects.

J. **Treatment of Sexual Deviancy**

Appropriate treatment of individuals with a history of sexual assault, inappropriate sexual behaviors, 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 (ETP) if recommended by a qualified therapist (i.e., a certified 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.

Refer to DDD Policy 4.10, *Community Protection Standards for Intensive Tenant Support* for additional information and requirements.

K. **Court Ordered Restrictions**

Court ordered restrictions are those that a person agrees to meet as a condition of release (e.g., less restrictive alternative/LRAs). If a person requests assistance in meeting court-imposed restrictive conditions, DDD funded programs or 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 ETPs.

L. **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 others, or a threat to property. In such situations, restrictive procedures permitted in this policy may be used for protective purposes. However, the least restrictive procedures that will provide adequate protection must be used, and terminated as soon as the need for protection is over.

No procedures which require an exception to policy may be used in an emergency other than "restricted access" (Policy Section F.3) and as described in 4. below.

2. An incident report must be submitted to the DDD case/resource 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 the same restrictive procedure is used on an emergency basis more than three (3) times in 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 BSP.
4. For individuals who pose an immediate danger to self or others, it is acceptable to initiate **restricted access** and **required supervision** immediately (see Policy Sections F.3 and G.2.d) without a BSP or ETP if there is reasonable justification. The provider must notify DDD of this action and the Regional Administrator or designee must subsequently approve or disapprove within three (3) working days. Approval must be written with a brief statement of the problem and reason for the restriction. A written BSP, and ETP request if necessary, must be completed within forty-five (45) days.

PROCEDURES

- A. Before implementing restrictive procedures, the program must provide the following documentation on the proposed intervention strategy. Community programs may include this information in the Individual Instruction and Support Plan (IISP) or a separate document. RHCs and ICF/MRs must include this information in a behavior support plan (BSP). Psychologists are responsible for developing the BSPs at RHCs.

The person and/or guardian must be involved in discussions regarding the perceived need for restrictive procedures, including:

- 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.

1. Necessary Documentation

- a. A definition of the target behaviors which the restrictive procedures address;
- b. A functional assessment of the problem behaviors, including hypotheses why the person engages in these behaviors;

- c. Based on the functional assessment, the positive behavior support strategies that will be used to reduce or eliminate the person's need to engage in the problem behaviors. Refer to DDD Policy 5.14, *Positive Behavior Support*, for more information.
- d. A description of the restrictive procedure which will be used, when and how it will be used, and clear criteria for termination;
- e. A plan for recording data on the use of the procedure and its effect (note: each use of a restrictive procedure must be recorded); and
- f. A description of how the program or interdisciplinary team (IDT) will monitor the outcomes of implementing the positive behavior support strategies and evaluate the continued need for restrictive procedures.

2. Approval Process

Prior to implementation, the proposed intervention must be approved as follows:

- a. For community programs,
 - (1) All intervention strategies involving restrictive procedures require the approval of the agency administrator; and
 - (2) Intervention strategies which involve ETPs or physical or mechanical restraints require written approval by the person and/or guardian;
 - (3) Approval must be documented on a form that 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 must be provided for the person and/or guardian to write comments and their opinions regarding the plan.
- b. For RHCs and ICE/MRs,
 - (1) Written approval of the BSP from the IDT;
 - (2) Written consent of the person and his/her guardian; and

(3) Written approval from the Human Rights Committee as described in DDD Policy 5.10, *Human Rights Committee*.

- c. 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 Physical/Mechanical Restraint Procedures

1. Persons being restrained must be observed continuously and without interruption to ensure the risks to the person's health and safety are minimized.
2. Whenever possible, a separate person not involved in restraining the person should observe the procedure.
3. Time in and out of restraint must be recorded.
4. Documentation should include a written description of:
 - a. Events immediately preceding the behavior which precipitated the use of restraint;
 - b. Type of restraint or intervention;
 - c. Duration of the restraint;
 - d. Person's reaction to the intervention;
 - e. How many staff were involved; and
 - f. Any injuries sustained by anyone during the intervention.

C. Incident Reports

1. 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.
2. Incident reports must be submitted as follows:

For community programs and SOLAs, as described in DDD Policy 6.12, *Residential Reporting Requirements*; and

For RHCs and ICE/MRs, as described in DDD Policy 12.01, *Incident Management*.

D. Data Monitoring

1. Program staff responsible for intervention strategies/BSPs must review the data at least every thirty (30) days.
2. If the data indicates progress is not occurring after a reasonable period, but no longer than six (6) months, the intervention strategies/BSPs must be reviewed and revisions implemented as needed.
3. At least annually, the approving authorities must re-approve restrictive procedures which require ETPs or involve physical or mechanical restraint.

EXCEPTIONS

Any exceptions to this policy, including restrictive procedures described in Policy Section F (pages 3-4), must be reviewed and approved in writing by the DDD regional administrator within fifteen (15) calendar days after receipt of the request and required documentation. All ETP requests must be submitted using DSHS Form 02-556 (5/1999), *Request for Exception to Policy for Use of Restrictive Procedures* (see Attachment A).

The request must be accompanied by a signed consent form (see Attachment B for sample form, *Consent for Use of Restrictive Procedures Requiring an ETP*.)

SUPERSESSSION

DDD Policy 5.15
Issued January 30, 1996

DDD Policy 5.12
Issued December 28, 1993

Approved: /s/ Timothy N. Brown
Director, Division of Developmental Disabilities

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