



behaviors that inhibit the individual's functioning in public places and integration within the community, or uncontrolled symptoms of a physical or mental condition. These behaviors may have been present for long periods of time or have manifested as an acute onset.

**Chemical Restraint** means administration of psychoactive drugs to prevent or limit challenging behavior and to protect a person from seriously harming self or others.

**Exclusionary Time Out** means the removal of a person from a situation where positive reinforcement is available to an area where it is not contingent on the occurrence of specific behavior. Exiting the area is prevented. *Note: This is a restrictive procedure that is permitted only by Exception to Policy (ETP) approved by the Division Director.*

**Mechanical Restraint** means applying a device or object, which the person cannot remove, to the person's body that restricts the person's free movement.

**Physical intervention** means the use of a manual technique intended to interrupt or stop a behavior from occurring. Physical intervention includes using physical restraint to release or escape from a dangerous or potentially dangerous situation.

**Physical restraint** means manually holding all or part of a person's body in a way that restricts the person's free movement; also includes any approved controlling maneuvers, such as Therapeutic Options holds. This does not include briefly holding, without undue force, a person in order to calm the person, or holding a person's hand to escort the person safely from one area to another.

**Restraint** means any one of numerous authorized methods used to limit a person's freedom of movement or immobilize the person. This includes using a device or garment (mechanical restraint), holding or bodily maneuver (physical restraint), drug (chemical restraint) or restriction of space (exclusionary time out) to physically control, subdue, and/or calm a person who exhibits behavior that presents a risk of harm to the person, others or property.

**Time Out Room** means an empty room in which reinforcement is not available and that is specifically set aside and constructed for the purpose of exclusionary time out.

## **POLICY**

- A. Clients of DDD have the right to be free from any physical or chemical restraints imposed for purposes of discipline or convenience and which are not required to treat the client's medical symptoms.
- B. Restraints must be used only when positive or less restrictive techniques or procedures have been tried and are determined to be insufficient to protect the client, others, or damage to the property of others.

- C. Any restraint of a client must be conducted according to the requirements described in DDD Policy 5.15, *Use of Restrictive Procedures*, and Policy 5.17, *Physical Intervention Techniques*, in addition to the requirements of this policy.
- D. Restraints may be used only as part of a client's Individual Habilitation Plan (IHP) and in conjunction with active approaches to habilitation and the client's Positive Behavior Support Plan (PBSP). Restraints shall not be used as a substitute for appropriate programs or active treatment.
- E. All types of restraints must be removed when the client no longer presents a risk of harm to self or others.
- F. All actions involving use of restraints shall be documented in the client's record as required by this policy.

G. Conditions Under Which Restraints May Be Authorized

Each ICF/ID must have written procedures that describe the circumstances that must exist before restraints may be used. Restraints may only be authorized when there is evidence and written documentation that less restrictive means have proven ineffective in the management of a client's challenging behavior(s), and when any of the following conditions exist:

1. A behavioral crisis or emergency in which the client's behavior seriously and imminently endangers the client, others, or property; **or**
2. An approved Positive Behavior Support Plan (PBSP) which is part of the client's IHP and specifies the use of restraints; **or**
3. The client does not comply with a specific medical treatment or measure(s) to control the spread of infection or allow for the healing of a wound which is necessary for the client's health and protection; **or**
4. Restraint has been used for routine medical or dental examinations or treatment under the direct supervision of the health care professional and the Interdisciplinary Team (IDT) has developed a plan to decrease the use of such restraints (refer to DDD Policy 5.15, *Use of Restrictive Procedures*).

H. Personnel Responsible for Authorization of Restraint Use

1. Each ICF/ID must have written procedures detailing the staff who may authorize the type and use of restraints. Interdisciplinary Team (IDT) authorization is required for all restraint use. However, in the case of emergencies where the IDT is not immediately available, the following staff may authorize restraints:

- a. Qualified Intellectual Disability Professional (QIDP);
  - b. Licensed Physician or Certified Physician's Assistant Certified (PA-C));
  - c. Advance Registered Nurse Practitioner (ARNP);
  - d. Registered Nurse (RN); and
  - e. Dentist (for dental procedures only).
2. For emergency procedures, the QIDP or medical professional must authorize the least restrictive response to manage the crisis. The QIDP shall document the authorized procedure, the justification for its use, and the length of time the procedure may be implemented. Note: A QIDP cannot authorize the use of time out rooms.
3. Where a chemical restraint is appropriate, its use must be ordered by a physician, physician's assistant (PA), Advance Registered Nurse Practitioner (ARNP) or by a dentist for dental treatment.
- a. The ordering physician, PA-C, ARNP, or dentist must document in writing the reason for the prescribed restraint.
  - b. The ordering physician, PA-C, dentist, or registered nurse (RN) may administer a psychoactive restraint. A Licensed Practical Nurse (LPN) may administer a psychoactive restraint when ordered by a physician, ARNP or dentist and authorized by a RN.
  - c. Nursing orders must be issued to indicate possible medication side effects and to direct staff's monitoring and reporting of such reactions.

## **PROCEDURES**

- A. Each ICF/ID must have written procedures describing in detail the types of mechanical, physical and chemical restraints, and other restrictive interventions that may be used in accordance with DDD Policy 5.15, *Use of Restrictive Procedures*.
- B. Mechanical and Physical Restraints
1. Mechanical or physical restraint in a prone position (i.e., the person is lying on his/her stomach) is strictly prohibited. Refer to DDD Policy 5.17, *Physical Intervention Techniques*, for a complete listing of prohibited manual intervention techniques and holds.
  2. All restraint use shall be documented in the client's record. This includes:

- a. The procedures or efforts made to de-escalate the client prior to the decision to use mechanical or physical restraint.
  - b. Justification for use of the restraint (i.e., events immediately preceding the behavior which precipitated the use of the restraint);
  - c. Type of restraint;
  - d. The frequency and duration of each use of mechanical or physical restraint;
  - e. The client's reaction to the restraint, including physical and mental state upon release from restraint;
  - f. The staff involved in implementing the restraint; and
  - g. The name(s) of the QIDP and/or other staff responsible for authorizing the procedure and monitoring the person during the restraint.
3. Restraint can be authorized for a period not to exceed twelve (12) consecutive hours, except if ordered for medical purposes by a physician or physician's assistant or ARNP, in which case such restraint can be ordered for a period not to exceed 72 hours.
  4. 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 eight (8) hours.
  5. A client in any mechanical restraint must be under continuous visual supervision by a staff person.
  6. The 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, then the client must be released immediately and a nursing assessment must be made immediately.
  7. A client placed in restraint must be checked at least every thirty (30) minutes by a medically trained staff, who is not acting as part of the restraining staff, to ensure proper application of the restraint, proper respiration and circulation.
  8. Opportunities for motion, toileting, fluids, and exercise must be provided for a period of not less than ten (10) minutes for every two (2) hours the client is placed in restraints. The time period can be no more than 110 minutes without a break.

9. Complete informed consent must be a part of the client's IHP and PBSP prior to implementation, including authorization by the client and/or the client's legal representative or parent, and approved by the IDT, the facility administrator, and the facility's Human Rights Committee (HRC).
10. All staff who will be involved in the restraint of any client must have attended certified training in Therapeutic Options and restraint implementation.
  - a. Such staff must also be trained in the implementation of the current PBSP of any client they will participate in restraining. The sole exception to this is in emergency situations where specific prior training in the client's PBSP is not possible.
  - b. For clients where known and identified risks have been identified, training in the PBSP and the specific restraint technique(s) to be implemented must include discussion of the known and identified risks for the client.

C. Chemical Restraints

Some people who exhibit mood or other psychiatric disorders may be appropriately treated by the administration of psychoactive medications. The use of such medications or other drugs for the management of challenging behavior must adhere to the requirements of DDD Policy 9.02, *Administration of Psychoactive Medications for Behavior Support or Treatment of Mental Illness*. Use of such medications must be:

1. Authorized only as specified in Policy Section H.3 above and, except in an emergency, accompanied by an approved PBSP which describes the behaviors that indicate a psychoactive medication may be warranted.
2. Monitored by qualified staff for desired responses and possible side effects or adverse reactions.
3. Documented in the client's record, with informed consent by the client and/or the client's legal representative, and approved by the IDT, the facility administrator, and the facility's Human Rights Committee.
4. The use of chemical restraints on a standing order basis (i.e., *prn*) is prohibited.

D. Emergency Use of Mechanical, Physical or Chemical Restraints

1. If mechanical or chemical restraints are prescribed in an emergency, the QIDP must determine whether to convene the IDT for a review and discussion of the person's challenging behavior. If mechanical, physical or chemical restraints are used on an emergency basis more than three (3) times in a six (6) month time

period, a functional assessment must be conducted and, if warranted, a PBSP developed or revised.

2. An incident report must be submitted to the RHC Superintendent or facility administrator whenever restraints are used in an emergency.

E. Exclusionary Time Out

1. Exclusionary time out, where a client is removed from an area with reinforcement to an area where reinforcement is not available and the client is prevented from leaving (i.e., a time out room), is a restrictive procedure that is permitted only by an Exception to Policy (ETP) approved by the Division Director. Refer to DDD Policy 5.15, *Use of Restrictive Procedures*, for additional requirements concerning time out rooms.
2. Time out rooms may be used only under the following conditions:
  - a. The room is adequately lighted, ventilated and heated, and is free of hazards;
  - b. The client is visually monitored by staff on a continual basis. Bedrooms, bathrooms, and closets shall not be used as time out rooms;
  - c. No area that places a person at risk shall be used as a time out room;
  - d. The door, if secured by a mechanical device, must be held continuously by a staff person during the time the client is in time out. The device should open automatically when not held. This procedure must be part of an approved PBSP.
  - e. Placement of a client in a time out room must not exceed one (1) hour.
3. All use of exclusionary time out must be documented in the client's record. This documentation must describe the specific procedure used, the client's behaviors leading to time out, frequency and duration of use, the staff involved, and the name(s) of the QIDP and/or other staff responsible for authorizing the procedure and monitoring the client during time out.

**EXCEPTION**

No exceptions to this policy may be granted without the prior written approval of the division director.

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TITLE:

RESTRAINTS

POLICY 5.11

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**SUPERSESSION**

DDD Policy 5.11  
Issued April 1, 2010

Approved: /s/ Linda Rolfe  
Director, Division of Developmental Disabilities

Date: January 3, 2012