Washington State Department of Social & Health Services
Transforming lives

DEVELOPMENTAL DISABILITIES ADMINISTRATION
Olympia, Washington

TITLE:	RESTRICTIVE PROCEDURES: COMMUNITY	5.15

Authority:	Title 71A RCW	*Developmental Disabilities*
	Chapter 388-101D WAC	*Certified Community Residential Services and Supports*
	Chapter 388-825 WAC	*Developmental Disabilities Services*
	Chapter 388-850 WAC	*County Plan for Developmental Disabilities*
	42 C.F.R. Section 483.25	*Bed Rails*

Reference: DDA 5.06, *Client Rights*
DDA 5.14, *Positive Behavior Support Principles*
DDA 5.16, *Psychotropic Medications*
DDA 5.17, *Physical Intervention Techniques*
DDA 5.21, *Functional Assessments and Positive Behavior Support Plans*

BACKGROUND

When a client's behavior presents a threat of injury to self or others, or when threatens significant damage to the property of others, steps must be taken to protect the client, others, and property from harm. Supports and interventions as described in the DDA 5.14, *Positive Behavior Support Principles*, and DDA 5. 21, *Functional Assessments and Positive Behavior Support Plans*, will be used to decrease the behaviors and eliminate the need for restrictive procedures. When positive behavior support alone is insufficient, temporary restrictions may be necessary.

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 that must be met before they may be used, and the requirements for documenting and monitoring their use. For clarification, procedures that are not restrictive and do not require a functional assessment or PBSP are also described.

SCOPE

This policy applies to the following DDA contracted or certified residential service programs:

- Supported Living (SL)
- Group Homes (GH)
- Group Training Homes (GTH)
- Alternative Living (AL)
- Companion Homes (CH)
- State-Operated Living Alternatives (SOLA)
- Community Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID)
- Crisis Diversion Bed and Support Services
- Overnight Planned Respite Services (OPRS)
- Adult programs and services provided by counties that are funded by DDA, such as employment and day program services

State laws and rules governing adult family homes, assisted living facilities and nursing homes take precedence over this policy. Certain physical interventions permitted under this policy with a PBSP are prohibited in assisted living facilities and adult family homes. Administrators of such facilities should refer to Chapter 18.20 RCW and Chapter 70.129 RCW.

DEFINITIONS

Audio monitor means any type of device that can be used to auditorily monitor a person or area.

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.

Chemical restraint means the administration of any drug to manage a client's behavior in a way that reduces the safety risk to the client or others, has the temporary effect of restricting the client's freedom of movement, and is not:

- Used to discipline the client;
- Used for staff or service provider convenience; or
- Standard treatment for the client's medical or psychiatric condition.

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

CRM means the DDA case resource manager.

Emergency means an extreme hazard or an unanticipated, unpredicted action that puts the client or others at risk and jeopardizes the health and safety of the client or others (e.g., when a client is standing or sitting in the street or when a client is at immediate risk of danger from a fire).

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 exiting the area is prevented. ***Exclusionary time out is prohibited.***

Forced compliance means verbally or physically forcing a client to do something they do not want to do. ***Forced compliance is prohibited.***

Locking a client alone in a room means egress is not possible. ***Locking a client alone in a room is prohibited.***

Mechanical restraint means any device attached or adjacent to the client's body that 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 health-care services or supplies needed to prevent, diagnose, or treat an illness, injury, condition, disease, or its symptoms and that 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 or mechanical restraint in a prone position means the client is restrained while lying on their stomach. ***Physical or mechanical restraint in a prone position is prohibited.***

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, holding a client's hand to escort the client safely from one area to another, or using seatbelts for wheelchair safety.

Restraint in a supine position means the client is being restrained while lying on their back. ***Physical restraint in a supine position is prohibited.***

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

Restraint means any method used to limit a client's freedom of movement or immobilize the client. 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, 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 which they do not want to do, or removes something the client owns or has earned.

Seclusion means locking a client alone in a room or using another mechanism, such as a Posey bed, that makes egress impossible. ***Seclusion is prohibited.***

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

Video monitor means any type of device that can be used to visually monitor a client or area. This includes standard video monitors and recording devices, closed-circuit monitors, cell phones with video capabilities, Wi-Fi cameras, and web-enabled cameras, such as those accessible through a computer.

POLICY

A. A restrictive procedure may only be used for the purpose of protection. A restrictive procedure must not be used for the purpose of changing behavior in situations where no need for protection is present.

B. 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.

C. When a client has restrictive procedures in their PBSP that may impact their housemate, efforts must be made to minimize the effect on the housemate. The service provider 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.

D. **Non-Restrictive Procedures**

1. Teaching, Training, and Support Methods

The following procedures are not restrictive and a PBSP is not required to use these procedures. If the following procedures are used frequently, the service provider should consider giving staff written guidelines.

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 must be demonstrated in a respectful manner.

c. Not attending to specific behaviors that are inappropriate.

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, or videos. Incentives must not be purchased using a client's funds.

f. Teaching and encouraging a client to choose and purchase healthy, nutritional food.

g. Canceling an activity because the client is agitated at the time of the event.

h. Securing access to prescription medicines, over-the-counter medications, and hazardous and harmful chemicals such as laxatives, shampoo, cleaning products, and insecticides.

i. Physically blocking a client for protection without holding the client.

j. Requiring a client to leave an area for protection, without physical coercion.

k. 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.

l. Use of door alarms, window alarms, or both for client safety and security, such as clients who are sexually vulnerable or are experiencing dementia, or who lack traffic safety skills. Consult with the CRM if you are unsure about other security devices and their permissibility. If a residential provider intends to use a door or window alarm in the client's home:

1) The provider must inform the client's CRM; and

2) The CRM must document the use and reason for the alarms in the client's person-centered service plan.

m. Use of audio monitors for client health and safety.

1) A provider may use an audio monitor only if it is medically necessary for the client's health and safety (e.g., for a client who has frequent falls resulting in injury, clients with uncontrolled seizures). If a provider uses an audio monitor, the provider must:

a) Document why less invasive options – such as additional staffing, or installing call buttons, bed alarms, and motion sensors – are insufficient to meet the client's medical necessity;

b) Not use the device for staff convenience or to invade a client's privacy;

c) Inform the client and all people who may be captured by the monitoring and obtain consent for its use. Under RCW 9.73.030, consent is considered obtained whenever one party has announced to all other parties engaged in the communication or conversation, in any reasonably effective manner (such as a notice), that such communication or conversation is about to be transmitted. Written consent from the client for whom the monitoring is put in place must be documented in the client's record;

Note: RCW 9.73.030 prohibits the intercepting and recording of private communication without first obtaining the consent of all participants in the communication.

d) Write a plan that includes the reason for use of the monitoring device and specific details about when the monitor will be turned on and off. This plan must be documented in the client's record.

2) Providers must inform the client's CRM if use of an audio monitor is contemplated and provide the CRM a copy of the written plan.

3) The CRM must notify the Field Services Administrator of the use of an audio monitor with the client.

n. Taking away a client's pet when the client is abusive or neglectful to the pet. Abusive means physical abuse or sexual abuse. Neglectful means failing to provide for the health and safety of the pet, including withholding routine and emergency veterinary care, vaccinations, failing to provide the pet with fresh water and food daily, and humane treatment.

1) If a client needs instruction and support in the handling and proper care of the pet, document the plan for this in the client's individual instruction and support plan.

2) Document all incidents of client mistreatment of an animal or pet according to incident reporting procedures, including reporting to DDA.

3) Physical abuse of a pet may be grounds for permanent removal of the pet and may result in prohibition of acquisition of another pet by the client. This determination will be made by DDA in consultation with the residential provider.

o. Use of cellular phones and other devices with GPS capabilities for the purpose of tracking the client.

1) If the service provider purchases, helps the client or the client's guardian to purchase, or supplies a client with a cell phone or other device that has GPS tracking capabilities, the provider must inform the client that the provider will be able to tell where the client is when the client has the phone or device with them and the GPS tracking capability is enabled.

2) The provider must document in the client's plan that they have had this conversation with the client and include any details or agreements they make with the client regarding the phone's use, such as asking the client to agree to carry the phone whenever the client leaves the home.

p. Requiring a client to use a seatbelt when riding in a motor vehicle.

Note: The use of car door locks for safety purposes is not considered a restrictive procedure and does not require a functional assessment or PBSP unless the locks are used to address a target behavior in the car.

2. Money Management and Support

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

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

b. Monitoring weekly expenditures to ensure the client does not overspend;

c. Paying rent and bills on time;

d. Buying food;

e. Purchasing clothing and other items the client wants; and

f. Budgeting money for leisure activities.

3. Medical Devices with Known Safety Risks

a. WAC 388-101D-0155 describes requirements for the use of medical devices, including what steps service providers must take before using medical devices with known safety risks with any client.

b. Bedside rails are permitted when medically necessary for the client's health and safety.

c. Before installing a bedrail the provider must:

1) Assess the client for risk of entrapment from bed rails before installation;

2) Review the risks and benefits of bed rails with the client or client's representative and obtain informed consent before installation;

3) Ensure that the bed's dimensions are appropriate for the client's size and weight; and

4) Follow the manufacturers' recommendations and specifications for installing and maintaining bed rails.

d. The provider must provide staff with written instructions for the use of bedside rails. Instructions must:

1) Require staff to check that the mattress fits tightly against the side rail;

2) For a client unable to reposition themselves, require staff to assist the client with position changes no less than once every two hours during waking hours (and at night if the prescriber requests); and

3) State the frequency of bed checks and require staff to check for safety and well-being during awake hours at a higher frequency than repositioning; and

4) Prohibit the use of bedside rails for staff convenience for restraining a client unnecessarily.

Additional safety information regarding bedside rails is available on the United States Food and Drug Administration's website.

E. **Restrictive Procedures Permitted Without an Exception to Policy (ETP)**

1. If a service provider uses a restrictive procedure, its use must be addressed in the client's functional assessment and PBSP. The functional assessment and PBSP must:

   a. Establish the need for the restrictive procedure;

   b. Outline behavioral criteria that will indicate a restrictive procedure is no longer necessary; and

   c. Include the teaching supports and steps involved in accomplishing that goal.

2. Restrictive procedures allowed without an ETP are those that interrupt or prevent behaviors that:

   a. Are dangerous or harmful to the client or others;
   b. Cause significant emotional or psychological stress to others; or
   c. Result in significant damage to the property of others.

3. Restrictive procedures allowed without an ETP include:

   a. 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.

   b. Using door or window alarms to monitor clients who present a risk to others, such as being sexually or physically assaultive.

   c. Necessary supervision to prevent dangerous behavior.

   d. 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, such as knives, matches, lighters, etc.

   e. Removing client property being used to injure one's self, others, or property. Removing property belonging to others is not a restrictive procedure.

f. Physical restraint to prevent the free movement of part or all of the client's body with the exception of seated restraints, which require an ETP, and prohibited restraints (in a prone or supine position i.e., lying on the stomach or back, respectively). See also DDA 5.17, *Physical Intervention Techniques.*

Note: Restrictive procedures in subsections (a) through (f) above require the PBSP to document the teaching plan emphasizing skills that will make the use of the restrictive procedure no longer necessary and the criteria for the reduction and elimination of the restriction.

g. Mechanical restraint used to limit the client's free movement or prevent the client from self-injury when the client cannot independently remove the device, such as a helmet, arm splints, seatbelts used outside of a motor vehicle, etc. See also WAC 388-101D-0155. Assessment of need must include:

1) Documented assessment as to the need for the use of the device;

2) Health care professional's written documentation for the use of the device to include when device can be applied and must be removed; and

3) A plan to reduce or eliminate the use of the device if used to modify target behaviors.

Note: The use of car door locks for safety purposes is not considered a restrictive procedure and does not require a PBSP unless there is a behavioral component.

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

1. The following restrictive procedures 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 as a punishment. Use of these procedures requires an FA, PBSP, and an ETP.

2. Approval at the Deputy Assistant Secretary Level

The following restrictive procedures require the prior written approval of the Deputy Assistant Secretary:

a. Not allowing a client to attend activities, at home or in the community, as a disciplinary consequence (e.g., not allowing the client to watch TV because they did not do the dishes; not allowing the client to go bowling because they hit a client the day before).

Note: If a client is upset immediately prior to an activity, or there is evidence that the client is likely to engage in severe target behaviors at an activity, the activity may be delayed, postponed, rescheduled, or cancelled for the client. No ETP is required.

b. Removing a client's property as a disciplinary consequence when the risk of damage to property or injury to a client or others is not an issue. For example, removing the client's television after the client has been accessing material restricted by the Community Protection Program therapist and treatment team despite numerous efforts to help the client follow treatment program restrictions.

c. Use of video monitors for medical necessity for more than six months. See Section (3)(i) below for complete requirements.

3. Approval at the Regional Administrator Level

The following restrictive procedures require the prior written approval of the DDA Regional Administrator:

a. 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. Additional information may be found in *DDA Food Management and Health Promotion Strategies*. Such restrictions may be considered when:

1) A long-term threat exists to the client's health, as determined in writing by a physician;

2) A short-term threat exists, such as eating raw meat or uncontrolled water intake; or

3) It is necessary for assisting the client to live within their budget.

Note: If the client understands and complies with their dietary restrictions (i.e., does not exhibit any target behaviors in response) and the client's food and kitchen does not need to be secured, a functional assessment and PBSP are not required. For example, if a client diagnosed with diabetes is on a special diet, willingly complies with the diet, and it is not necessary to lock up the kitchen or the food, a functional assessment and PBSP is not required because the client chooses to follow the restrictive diet.

b. Requiring a client to wear any electronic monitoring device on their body to monitor the client's behavior. The client and their legal representative must give consent if there is no court order.

c. Regulating or controlling a client's money in a manner the client or the client's legal representative object to. See also Policy Section (D)(2) regarding money management.

d. 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 to exit must be avoided whenever possible. If a keyed lock must be used, the ETP must include a safety plan for its use in case of an emergency.

e. The use of seat belt locks or door lock safety features in vehicles to transport clients whose target behaviors, such as unlocking regular seat belts and opening vehicle doors while in operation, impede their safe travel.

f. 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.*

g. Restricting access to alcohol.*

h. 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.*

i. Use of video monitors for client's health and safety.

1) All people have the right to privacy. The use of a video monitor in a client's home or bedroom is extremely intrusive. For this reason, there must be tight controls around the use of video monitors and ongoing assessment of their continued use. Refer to the Definitions Section of this policy regarding video monitors.

2) Under no circumstances may a video monitor be used for staff convenience or to purposely invade a person's privacy. Video recording for monitoring purposes is not permitted.

* An ETP is not required if the restriction is included in a Community Protection Program participant's professional treatment plan.

3) Video monitors used by service providers are permitted only when medically necessary for the client's health and safety, provided the following requirements are met:

a) There is documentation that the client's interdisciplinary team, including the CRM and residential services staff, has explored other less invasive options, such as additional staffing, installing call buttons, bed alarms, or motion sensors, before requesting to use a video monitor.

b) There is a current physician's order that clearly states the medical necessity for the client and anticipated duration of monitor use.

c) Any client who may be monitored, and their legal representative and staff must be aware of the monitor and give consent for its use. Consent is considered obtained whenever one party has announced to all other parties engaged in the communication or conversation, in any reasonably effective manner (such as a notice), that such communication or conversation is about to be transmitted. Written consent for the client for whom the monitoring is put in place must be documented in the client's record.

d) As outlined in DSHS Administrative Policy 5.01, *Privacy Policy – Safeguarding Confidential Information*, an image or data that is transmitted to another device must occur in a secure manner that maintains the privacy of all people being monitored.

e) There is a written plan that gives direction to all residential staff regarding:

i. When the monitor will be turned on and off;

ii. Privacy issues;

iii. How to respond when the client turns off the monitor or requests that the monitor be turned off;

iv. Documentation requirements; and

v. Specific instruction for staff who are responsible for viewing the monitor.

f) There is an approved ETP as follows:

i. If the monitor will be used for six months or less, the Regional Administrator is the approving authority; or

ii. If it is anticipated that the monitor will be used for more than six months, the Deputy Assistant Secretary is the approving authority.

g) Residential staff must document the use of the monitor, including duration and name of staff, on a daily basis. This data must be included in the client's record.

j. 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 were 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.*

Clients not enrolled in the Community Protection Program:

1) If a client does 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 provider should consult the client's case manager and case manager supervisor.

2) For a client who has an appointed guardian, 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. When limiting the client's ability to associate, visit, communicate, and interact with others prevents

* An ETP is not required if the restriction is included in a Community Protection Program participant's professional treatment plan.

abuse, neglect, abandonment, financial harm, or protects the client from activities that unnecessarily impose distress:

a) The proposed restriction may be approved and implemented if the guardian provides documentation showing the guardianship court has been presented with the proposed restriction; and

b) The restriction may remain in place until the guardianship court issues a determination.

For more information see RCW 11.92.195.

k. The following restrictive physical interventions may be approved at the Regional Administrator level only when used only as part of an approved physical intervention system or curricula:

1) The client is seated on furniture and physically restrained by people sitting on either side; and

2) The client is seated on the floor and being physically restrained by one or more people.

l. 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.

G. **Prohibited Procedures**

The following restrictive procedures are not permitted under any circumstances and DDA will not grant an ETP for their use:

1. Restraint chairs;

2. Restraint boards;

3. Exclusionary time out;

4. Corporal or physical punishment;

5. Forced compliance, including exercise, when it is not for protection;

6. Locking a client alone in a room;

7. Overcorrection;

8. Physical or mechanical restraint in a prone position (i.e., the client is lying on their stomach);

9. Physical or mechanical restraint in a supine position (i.e., the client is lying on their back);

10. Removing, withholding, or taking away money, tokens, points, or activities that a client has previously earned;

11. Requiring a client to re-earn money, tokens, points, activities, or items purchased previously;

12. Withholding or modifying food as a consequence for behavior (e.g., withholding dessert because the client was aggressive);

13. Chemical restraint;

14. A posey bed, also known as a tent bed; and

15. Aversive stimulation.

H. **Treatment of Sexual Deviancy**

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 certain restrictions as part of their professional individualized treatment plan. In these cases, for Community Protection Program participants, some restrictive procedures may be allowed for other than protective purposes if recommended by a Certified Sex Offender Treatment Provider (C-SOTP), or an Affiliate SOTP (A-SOTP) working under the supervision of a C-SOTP.

1. The client must consent to the procedures as part of their therapeutic treatment. Refer to DDA 15.02, *Community Protection Program Services*, and DDA 15.04, *Standards for Community Protection Residential Services*, for specific requirements.

2. Aversive stimulation is permitted for treatment of sexual deviancy if a certified or affiliate sex offender treatment provider (SOTP) conducts the treatment and informed consent and an ETP has been obtained. It is the therapist's responsibility to request the ETP.

I. **Court-Ordered Restrictions**

Least Restrictive Alternatives (LRA) are court ordered restrictions that a client agrees to meet as a condition of release. If client requests assistance in meeting court-imposed restrictive conditions, DDA funded programs or staff may provide that assistance.

Programs must only initiate restrictive procedures that are permitted by this policy. Additionally, all requirements of this policy must be met, including those relating to ETPs.

If a client has a restraining order or 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. **Emergency Use of Restrictive Procedures**

1. Emergencies may occur where a client's behavior presents an immediate risk to the health and safety of the client 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.

2. No procedures that require an ETP may be used in an emergency other than those described in section (4) below.

3. An incident report must be submitted to the DDA CRM for each incident leading to the use of emergency restrictive procedures, in accordance with procedures for reporting incidents.

4. If a physical restraint or restrictive procedure requiring a PBSP or an exception to policy is used on an emergency basis three times in six months, the service provider must follow the procedures outlined in DDA Policy 5.21, *Functional Assessments and Positive Behavior Support Plans*.

5. For a client who poses an immediate danger to self or others, it is acceptable to initiate the following procedures or interventions immediately without an FA, PBSP, or ETP if there is reasonable justification:

   a. Necessary supervision and related activities under Policy Section (E)(3)(c); or

   b. Temporary access restriction under Policy Section (E)(3).

   Once the provider notifies DDA of this action, the Regional Administrator or designee must subsequently approve or disapprove in no more than three working days. Approval must be written with a brief statement of the problem and reason for the restriction. A written FA, PBSP, and ETP request if necessary, must be completed in no more than 60 days.

PROCEDURES

A. When use of a restrictive procedure is planned, the provider must communicate this to the CRM. Such communication must be made in writing. Before implementing restrictive procedures, the client and the client's legal representative must be involved in discussions regarding the perceived need for restrictive procedures including:

1. The specific restrictive procedures to be used;

2. The perceived risks of both the client's target behavior and the restrictive procedures;

3. The reasons justifying the use of the restrictive procedures; and

4. The reasons why less restrictive procedures are not sufficient.

B. **Required Documentation for Use of Restrictive Procedures**

1. The provider must submit a functional assessment that defines target behaviors the restrictive procedure intends to avoid, modify or prevent.

2. The provider must implement a PBSP designed to reduce or eliminate target behaviors.

3. The PBSP must include:

   a. A description of the restrictive procedure that will be used, when and how it will be used, and clear criteria for termination of its use;

   b. A plan for recording data on the use of the procedure and its effect (each use of the restrictive procedure must be documented). The plan must specify the type and frequency of data collection as outlined DDA Policy 5.21, *Functional Assessment and Positive Behavior Support Plan*.

   c. Goals for increased use of replacement behaviors and decreased use of target behaviors the provider, interdisciplinary treatment team, or Community Protection Program treatment team will use to evaluate the effectiveness of the PBSP.

   d. For a client in the Community Protection Program who has ongoing restrictions, such as restricted access, the client's treatment plan must indicate that the restrictions are ongoing. Community Protection Program providers are exempt from documenting each use of an approved ongoing restriction.

C. **Approval Process**

1. Prior to implementation, the proposed PBSP must be approved as follows:

   a. All PBSPs involving restrictive procedures require the written approval of the service provider administrator or staff who have designated approval authority;

   b. PBSPs that require an ETP or involve physical or mechanical restraints require written approval by the client or the client's legal representative. The client's approval should be sought to the extent they understand what is being proposed; and

   c. Approval must be documented on a form that lists the risks of the target 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 client and their legal representative to write comments and their opinions regarding the plan. See DSHS 15-385, *Consent for Use of Restrictive Procedures Requiring an ETP*.

2. If the client or the client's legal representative disagree with any part of the proposed intervention strategies in the PBSP, they may file a grievance according to service provider procedures. If they are not satisfied with the facility or service provider response, they may request a review by the DDA Regional Administrator.

D. **Monitoring Physical or Mechanical Restraint Procedures**

1. Clients being restrained must be observed continuously to ensure the risks to the client's health and safety are minimized.

2. Whenever possible, a separate staff member not involved in restraining the client should observe the procedure.

3. Time in and out of restraint must be recorded.

4. Documentation must include a description of:

   a. Events immediately preceding the behavior that precipitated the use of restraint;

   b. Type of restraint or intervention;

   c. Duration of the restraint;

d. The client's reaction to the intervention, including physical and mental state upon release from restraint;

e. The staff involved in implementing the intervention; and

f. Injuries sustained by anyone during the intervention.

E. **Incident Reports**

1. An incident report must be filed if:

a. An injury requiring first aid or medical care is sustained by any client during implementation of a restrictive procedure or intervention;

b. A restrictive procedure is implemented under emergency guidelines; or

c. A client's animal or pet is abused or neglected. See section (D)(1)(n).

2. Incident reports must be submitted for:

a. Residential Programs and SOLAs according to DDA 6.12, *Mandatory Reporting Requirements for Residential Services Providers*; and

b. Employment and Day Programs according to DDA 6.08, *Mandatory Reporting Requirements for Employment and Day Services Providers.*

F. **Data Monitoring of Restrictive Procedures**

1. Program staff responsible for PBSPs must document review of the data at least every 30 days.

2. If the PBSP data indicates a target behavior is not decreasing or a replacement behavior is not increasing after 30 days but not for a period longer than 90 days, program staff responsible for the PBSP must review the plan and its implementation. If necessary, program staff responsible for the PBSP must revise the plan and indicate the plan is a revision.

3. At least annually, the approving authorities must re-approve restrictive procedures that require ETPs or involve physical or mechanical restraint. Documentation required in (1) and (2) of this section must be attached to the ETP request for renewal.

EXCEPTIONS

A. The facility, service provider, or treatment professional requesting an ETP must use DSHS 02-556, *Request for Exception to Policy (ETP) for Use of Restrictive Procedures*,

and send the completed form with all its attachments to the CRM. A signed consent form must accompany the request; use DSHS 15-385, *Consent for Use of Restrictive Procedures Requiring an ETP*.

B. Upon receipt of the ETP request packet, the CRM will initiate the Restrictive Procedures ETP request in the Comprehensive Reporting and Assessment Evaluation (CARE) application as follows:

1. Choose the ETR/ETP Category – Restrictive Procedures.

2. Choose ETR/ETP Type – Restrictive Procedures.

3. Choose Related Assessment.

4. Choose Date Range: Custom or Plan Period, as appropriate.

5. Enter Request Description:

   a. Describe the behaviors for which the restrictive procedure ETP is being requested;

   b. Describe in one or two sentences the restrictive procedure ETP being requested;

   c. Type the following: "Refer to request packet in file dated _____."

6. Enter Justification for Request: "See request packet."

7. Enter Alternatives Explored: "See request packet."

8. Process to next level of review or approval based on the regional process.

9. Print copy of ETP and attach to request packet for reviewer or approver.

C. ETPs for restrictive procedures described in Policy Section H, must be reviewed and approved or denied in writing by the Regional Administrator no more than 15 calendar days after receipt of the request and required documentation.

D. ETPs for use of restrictive procedures that require approval at the Deputy Assistant Secretary level must be submitted to and approved by the Deputy Assistant Secretary prior to implementation.

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

SUPERSESSION

DDA Policy 5.15, *Restrictive Procedures*
Issued July 1, 2017

Approved: /s/ Deborah Roberts Date: July 1, 2019
Deputy Assistant Secretary
Developmental Disabilities Administration