



segregation, unnecessary physical restraints, or chemical restraints not required to treat the client's medical symptoms. [DDA Policy 5.06](#), *Client Rights*, and [WAC 388-823-1095](#) provide greater insight into the rights a client may exercise.

The Developmental Disabilities Administration (DDA) intends to provide services and supports to people with disabilities in the least restrictive and least intrusive manner possible. When a client's medical symptoms or behavior presents a threat of injury to self or others, or when behavior threatens significant damage to the property of others, steps must be taken to protect the client, others, and the property of others from harm. For information about supporting people in positive, helpful ways, and creating supportive environments that avoid the need for physical intervention or restraint, see [DDA Policy 5.14](#), *Positive Behavior Support Principles*, and [DDA Policy 5.21](#), *Functional Assessments and Positive Behavior Support Plans*.

### **PURPOSE**

This policy describes prohibited and permitted physical interventions, the circumstances under which the permitted interventions may be used, the requirements that must be met before they may be used, and the requirements for documenting and monitoring their use.

### **SCOPE**

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

- Supported living
- Group homes
- Group training homes
- Alternative living
- Companion homes
- Residential habilitation centers including:
  - Intermediate care facility for individuals with intellectual disabilities; and
  - State-operated nursing facilities
- State-operated community residential programs
  - State-operated living alternatives
  - Stabilization, assessment, and intervention facility
- Crisis diversion bed and support services
- DDA-funded employment and day programs and services provided by counties
- Overnight planned respite 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 positive behavior support plan, 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](#), or [Chapter 70.128 RCW](#).

## DEFINITIONS

**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).

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

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

**Protection** means supervision and supports that minimize injury or harm and enable a client to function at their highest level.

**Restrictive procedure** or **restriction** means a procedure that restricts a client's freedom of movement, restricts access to client property, prevents a client from doing something the client wants to do, requires a client to do something the client does not want to do, or removes something the client owns or has earned.

## POLICY

- A. A facility or provider may use a physical intervention if:
1. Positive and less restrictive techniques or procedures have been tried and determined insufficient to protect the client, others, and property of others;
  2. The intervention is used according to [DDA Policy 5.15](#), *Restrictive Procedures: Community*, or [DDA Policy 5.22](#), *Restrictive Procedures: Residential Habilitation Centers*;

3. The intervention is used for protection and not for changing the client's behavior when no need for protection is present;
  4. The intervention is the least restrictive intervention needed to adequately protect the client, others, and property of others; and
  5. The intervention is terminated as soon as the need for protection is over.
- B. A physical intervention is the least restrictive intervention if the technique or procedure:
1. Treats the client with respect and dignity;
  2. Is used for the shortest amount of time necessary to achieve a safe and effective outcome;
  3. Uses the minimum amount of force necessary to achieve a safe and effective outcome; and
  4. Is the option that is least intrusive, limiting, or impacting on the client's:
    - a. Body;
    - b. Freedom of movement;
    - c. Access to their property; and
    - d. Right to be free from:
      - i. Abuse;
      - ii. Unnecessary medications;
      - iii. Chemical restraints;
      - iv. Punishment; and
      - v. Involuntary seclusion.
- C. Restrictive physical interventions may only be used as part of an approved Functional Assessment (FA) and Positive Behavior Support Plan (PBSP), except in the case of an emergency or unknown, unpredicted response from a client where the client's safety or that of others is jeopardized. Refer to [DDA 5.21](#), *Functional Assessments and Positive Behavior Support Plans*, for information on FA and PBSP requirements.
- D. Prohibited Physical Interventions
1. A physical intervention is prohibited if it involves:
    - a. Pain and pressure points, whether for brief or extended periods;

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- b. Obstruction of airway or excessive pressure on chest, lungs, sternum, or diaphragm;
  - c. Hyperextension or putting the client in significant risk of hyperextension, such as pushing or pulling limbs, joints, fingers, thumbs, or neck beyond normal limits in any direction;
  - d. Joint or skin torsion, such as twisting or turning in opposite directions;
  - e. Direct physical contact covering the face;
  - f. Straddling or sitting on the torso;
  - g. Excessive force;
  - h. Any maneuver that physically mistreats the client, such as striking with or without an object, slapping, pinching, choking, kicking, shoving, or prodding; or
  - i. Forcing the client to the ground.
2. The following physical techniques are prohibited:
- a. Arm or other joint locks, such as holding one or both arms behind back and applying pressure, pulling, or lifting;
  - b. “Sleeper hold” or any maneuver that puts weight or pressure on an artery or otherwise obstructs or restricts circulation;
  - c. Wrestling holds, body throws, and other techniques not part of an approved physical intervention system;
  - d. Prone restraint (i.e., client lying on stomach);
  - e. Supine restraint (i.e., client lying on back);
  - f. Head hold where the head is used as a lever to control movement of other body parts;
  - g. Any maneuver that forces the client to the floor on their knees or hands and knees;
  - h. Any technique that keeps the client off balance, such as shoving, tripping, pushing on the backs of the knees, pulling on the client’s legs or arms, or swinging or spinning the client around; and

- i. Any technique that restrains a client face-first against a wall or post.

E. Nonrestrictive Physical Interventions

1. The following nonrestrictive physical interventions are allowed without a PBSP:
  - a. **Avoiding** – eluding or escaping physical contact through the use of slides, stance, and arm or hand maneuvers without holding on to the client’s body;
  - b. **Deflecting** – using physical contact such as step-and-guide maneuvers;
  - c. **Blocking** – obstructing or hindering using physical contact;
  - d. **Releasing** – escaping a physical hold, which may involve briefly holding on to the client to release oneself or another person;
  - e. **Physical escort that is not resisted by the client** – briefly holding, without undue force, a client in order to calm the client, or holding a client’s hand to safely escort the client from one area to another; and
  - f. **Supporting ambulation** – physically holding a client to steady or support the client while walking to keep the client from falling or slipping, which:
    - i. May involve the use of a gait belt or specially designed belt, vest, or clothing;
    - ii. Must follow the client’s lead; and
    - iii. Must release the client when they no longer need support.
2. For a client who is blind and requires a “sighted guide” techniques, the provider must train direct care staff how to guide the client according to the client’s assessed needs and preferences.

F. Physical Restraints Permitted Only with an FA and PBSP

1. The following interventions are restrictive physical restraints and are allowed only with an FA and PBSP:
  - a. Hand, arm, or leg holds;
  - b. Standing holds;
  - c. Physically holding and moving a client who is resisting; and

- d. Physical control of the client's head to interrupt biting or self-injury, such as head banging.
  2. The physical interventions described above may be used only as part of an approved physical intervention system curriculum under Procedures Section (D).
- G. Physical Restraints Permitted Only by Exception to Policy (ETP) with a FA and PBSP
1. The following interventions are considered restrictive physical restraints and require an ETP approved by the DDA Regional Administrator for community residential settings or the Superintendent for Residential Habilitation Centers:
    - a. Client seated on furniture being physically restrained by two staff sitting on either side, including the transition to a seated position if needed (this procedure must not include the use of prohibited devices or procedures outlined in [DDA Policy 5.15](#)); and
    - b. Client seated on floor being physically restrained by one or more staff, including the transition to a seated position if needed.
  2. The physical interventions described above may be used only as part of an approved physical intervention system curriculum under Procedures Section (D).
  3. As part of the exception to policy (ETP) approval process, there must be a written assessment by a physician that the physical restraint to be used is not contraindicated for the client due to physical or other medical conditions. For more information about the ETP approval process, see [DDA Policy 5.15](#), *Restrictive Procedures: Community*, or [DDA Policy 5.22](#), *Restrictive Procedures: Residential Habilitation Center*.
- H. Use of Physical Interventions During Medical and Dental Treatment
1. The use of permitted physical interventions during medical or dental treatment or procedure is allowable if:
    - a. Ordered or directed by a physician or dentist;
    - b. Consistent with standard medical and dental practices; and
    - c. Necessary to complete the medical or dental procedure.
  2. Efforts must be made and documented in the client's record to familiarize the client with the medical or dental procedure so that the least restrictive physical intervention is needed.
  3. RHC medical and dental professionals must regularly assess each client to:

- a. Determine which medical or dental procedures require a physical intervention; and
- b. Select the least restrictive physical intervention to accomplish the medical or dental procedure.

I. Emergency Use of Physical Interventions

1. In an emergency, a physical intervention that is normally permitted only with an approved PBSP may be used for protective purposes.
2. For a client who poses an immediate danger to themselves or others, it is acceptable to use a seated restraint as described in Policy Section (F) above without a PBSP or ETP if there is reasonable justification. All staff implementing the restraint must have been previously trained in its application according to the requirements of this policy. An untrained staff member must not use or assist with a seated restraint.
3. In situations where a client or others cannot be kept safe from serious harm except by interventions that are otherwise prohibited by this policy, it is permissible to use such interventions if reasonably necessary to protect the client or others. The least restrictive intervention must be used and must be terminated as soon as the need for protection is over.
4. For each emergency use of a restrictive physical intervention an incident report must be submitted according to:
  - a. [DDA Policy 6.08](#), *Incident Management and Reporting Requirements for County and County Contracted Providers*;
  - b. [DDA Policy 6.12](#), *Incident Management and Reporting Requirements for Residential Services Providers*; or
  - c. [DDA Policy 12.01](#), *Incident Reporting and Management for DDA Employees*.
5. If a physical intervention is used three times on an emergency basis within six months, the provider must:
  - a. Develop an FA and PBSP according to the timelines in [DDA Policy 5.21](#), *Functional Assessments and Positive Behavior Support Plans*; and
  - b. Determine if an ETP request is required and if required, submit the ETP request within 45 calendar days after the third use.

**PROCEDURES****A. Documentation and Approval of Restrictive Physical Interventions**

1. Before implementing restrictive physical interventions, the client and the client's legal representative must be involved in discussions regarding the perceived need for physical intervention. The level of notification a client's legal representative desires when physical interventions are used should also be determined at this time and noted in the client's PBSP.
2. The provider must provide documentation on the proposed intervention and document approval for its use according to [DDA Policy 5.15](#), *Restrictive Procedures: Community*, or [DDA Policy 5.22](#), *Restrictive Procedures: Residential Habilitation Center*.

**B. Implementing Physical Interventions**

1. All staff assigned to houses, cottages, or homes where physical interventions are used must demonstrate the proper use and application of physical intervention techniques before using physical interventions. Training must include:
  - a. Crisis prevention techniques;
  - b. Physical intervention techniques;
  - c. Positive behavior support; and
  - d. The facility or provider's policies and procedures.
2. As part of maintaining staff proficiency, staff must annually attend a training or staff meeting that reviews:
  - a. De-escalation techniques;
  - b. Physical intervention techniques; or
  - c. Incidents and their outcomes
3. Whenever possible, a trained staff member must be present to supervise the use of a restrictive physical intervention. Designated staff observers must receive training in observation and supervision of physical restraints (e.g., signs of duress, fatigue, etc.).
4. If a restrictive physical intervention is implemented in an emergency, or when the frequency of interventions is increasing, the facility or provider must perform post-analysis to discuss events. The post-analysis may include client, staff, supervisor, and other team members as appropriate, and must be documented in the client's file.

C. Monitoring Restrictive Physical Interventions

Procedural requirements for monitoring restrictive physical interventions are described in [DDA Policy 5.15](#), *Restrictive Procedures: Community*, or [DDA Policy 5.22](#), *Restrictive Procedures: Residential Habilitation Center*.

D. Components of a Physical Intervention Techniques System

1. A physical intervention system curriculum must include:
  - a. Principles of positive behavior support, including respect and dignity;
  - b. Communication techniques to assist a client to calm down and resolve problems in a constructive manner;
  - c. Techniques to prevent or avoid escalation of behavior before using physical contact;
  - d. Techniques staff may use to manage their emotional reactions;
  - e. Techniques for staff to use in response to the client's feelings of fear or anger;
  - f. Caution that physical intervention techniques must not be modified except as necessary in consideration of individual disabilities, medical, health, and safety issues. An appropriate medical or health professional and the provider certified trainer must approve all modifications;
  - g. Evaluation of the safety of the physical environment at the time of the intervention;
  - h. Use of the least restrictive physical interventions depending upon the situation;
  - i. Clear presentation and identification of prohibited and permitted physical intervention techniques;
  - j. Discussion of the need to release a client from physical restraint as soon as possible;
  - k. Instruction on how to support physical interventions as an observer and recognize signs of distress by the client and fatigue by the staff; and
  - l. Discussion of the importance of complete and accurate documentation.

2. Staff receiving physical intervention techniques training must complete the course and demonstrate competency before being authorized to use the techniques with clients.

**EXCEPTIONS**

- A. DDA does not grant exceptions for the use of prohibited physical interventions as described in this policy.
- B. Any exceptions to this policy requesting authority to use a physical intervention that is not a prohibited physical intervention must have the prior written approval of the Deputy Assistant Secretary or designee.

**SUPERSESSON**

DDA Policy 5.17  
Issued November 15, 2021

Approved:



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Deputy Assistant Secretary  
Developmental Disabilities Administration

Date: July 1, 2023