



DIVISION OF DEVELOPMENTAL DISABILITIES
Olympia, Washington

TITLE: RESTRAINTS POLICY 5.11

Authority: Chapter 42 CFR 483.420, 483.440, 483.460
RCW 71.A.20.050
DDD Policies 5.06, 5.10, 5.12, 7.03, 9.02

BACKGROUND

There are instances in which an individual's behavior may present a serious risk of harm to self, others, or property. In these instances, interventions with approved restraints may become necessary to ensure the protection and safety of the individual and others.

PURPOSE

The purpose of this policy is:

- A. To outline the levels of restraints authorized under the federal regulations for Intermediate Care Facilities for the Mentally Retarded (ICF/MRs);
- B. To identify situations in which restraints may be authorized; and
- C. To establish a system of documenting, reporting and monitoring the use of restraints.

SCOPE

This policy applies to Residential Habilitation Centers (RHCs) and other community ICF/MRs.

POLICY

Individuals have the right to be free from any physical or chemical restraints imposed for purposes of discipline or convenience, and not required to treat the person's medical symptoms.

Restraints may be used only as part of a person's Individual Habilitation Plan (IHP) and in conjunction with positive approaches to habilitation. They shall not be used as a substitute for appropriate programs or active treatment. All types of restraints shall be removed when the person no longer presents a risk of harm to themselves or others. All actions involving use of restraints shall be documented in the person's record as required under C.2.a. The record shall specify the type of restraints used, justification for use, duration of use, and the name of the person authorizing the restraint.

A. Conditions Under Which Restraints May Be Authorized

1. Each RHC and ICF/MR shall establish procedures which outline 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 person's inappropriate behavior, and when any of the following conditions exist:
 - a. A behavioral crisis or emergency in which the person's behavior seriously endangers himself, others, or property;
 - b. An approved Behavior Management Program (BMP) which is part of the person's IHP specifies the use of restraints and/or a time out technique;
 - c. The person does not comply with a specific medical treatment, or measure to control the spread of infection, which is necessary for the person's health and protection;
 - d. Restraints have been used for routine medical or dental examinations or treatment and the Interdisciplinary Team (IDT) has developed a plan to decrease the use of such restraints through desensitization training;
 - e. Where chemical restraints are appropriate, their use must be ordered by a physician. The ordering physician, dentist, or licensed nurse may administer a psychoactive restraint. The ordering physician shall document the reason for the prescribed restraint. Nursing orders shall be issued to indicate possible medication side effects and to direct staff's monitoring and reporting of such reactions.

B. Personnel Responsible for Authorization of Restraint Use

Each RHC and ICF/MR shall establish 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:

1. Qualified Mental Retardation Professional (QMRP);
2. Physician or Physician's Assistant;
3. Dentist (for dental procedures only); and
4. Registered Nurse.

For emergency procedures the QMRP shall prescribe the least restrictive response to manage the crisis. The QMRP shall document the authorized procedure, the justification for its use, and the length of time the procedure may be implemented. A QMRP cannot authorize the use of time out rooms.

C. Types of Restraints and Procedures

1. Each RHC and ICF/MR shall establish procedures describing in detail the types of physical, mechanical, and chemical restraints, and interventions that may be used.
2. Physical or Mechanical Restraints

Use of physical or mechanical restraints must meet the following requirements:

- a. All restraint use will be documented. This documentation shall describe the type of restraint, staff involved, frequency and duration of use, and QMRP or other staff responsible for the procedure as well as for monitoring.
- b. 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, whereby such restraints can be ordered for a period not to exceed seventy-two (72) hours.

- c. Authorization must be obtained before the individual is restrained, except for emergency situations when authorization must be obtained as soon as possible after the restraint is initiated.
 - d. An individual placed in restraints must be checked at least every thirty (30) minutes by trained staff for continued proper application of the restraint.
 - e. 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 person is placed in restraints.
 - f. A complete authorization must be a part of the person's IHP and BMP, be consented to by the person or their parent or guardian, and approved by the IDT, facility administrator, and the facility's Human Rights Committee (HRC).
3. 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 inappropriate behavior must adhere to DDD Policy 9.02, Administration of Psychotropic/Neuroleptic Drugs and Other Medications for Behavior Management or Treatment of Mental Illness. Use of such drugs must be:

- a. Authorized only by a physician and, except on an emergency basis, accompanied by an approved BMP justifying the prescribed drug which is part of the person's IHP.
- b. Monitored by qualified staff for desired responses and possible side effects or adverse reactions.
- c. Documented in the person's records, with informed consent by the person or their guardian, and approved by the IDT, facility administrator and the facility's Human Rights Committee.
- d. If chemical restraints are prescribed on an emergency basis, the QMRP shall determine whether to convene the IDT for a review and discussion of the person's behavior. The team must meet to revise the individual's plan if there are three (3) uses of emergency procedures within a six-month time frame.

The use of chemical restraints on a standing order basis (i.e., prn) is strictly prohibited.

4. Time Out

Time out is removal from reinforcing activities and experience. Exclusionary time out, where a person is removed from an area with reinforcement to an area where reinforcement is not available and the person is prevented from leaving, is considered a restrictive intervention.

The use of a time out room must be part of an approved BMP and must be authorized by the IDT, the facility administrator, and the facility's Human Rights Committee.

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 person is visually monitored by staff on a continual basis. Bedrooms, bathrooms, and closets shall not be used as time out rooms;
- c. No area which 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 person is in time out. The device should open automatically when not held. This procedure must be part of an approved BMP and incorporated into the person's IHP.
- e. Placement of a person in a time out room must not exceed one hour.

All use of exclusionary time out will be documented in the person's record. This documentation shall describe the specific procedure used, the person's behaviors leading to time out, frequency and duration of use, staff involved, and QMRP or other staff responsible for the procedure as well as for monitoring.

DEFINITIONS

- A. **"Restraints"** means any one of numerous methods used in limiting a person's freedom of movement or aiding in immobilization of the person.
- B. **"Physical Restraints"** means manual methods or mechanical devices that restrict the movement or normal functioning of a portion of the person's body.
- C. **"Restrictive Intervention"** means a procedure involving the use of a device (mechanical restraint), garment, maneuver (physical restraint), or restriction of space (time out), that is exercised to physically control, subdue, and/or calm a person exhibiting behavior presenting a risk of harm to themselves, others or property.
- D. **"Chemical Restraints"** means administration of psychoactive drugs to prevent or limit inappropriate behavior, and to protect a person from seriously harming themselves or others.
- E. **"Time Out"** means the loss of the opportunity for positive reinforcement for a specified period of time contingent upon the occurrence of an inappropriate behavior.
- F. **"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 upon the occurrence of an inappropriate behavior. Exiting the area is prevented. In order to be used, this procedure must be part of an approved behavior management plan and incorporated in the person's IHP.
- G. **"Time Out Room"** means an empty room in which reinforcement is not available and which is specifically set aside and constructed for the purpose of exclusionary time out.

SUPERSESSON

Division Policy Directive: 340.5
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Approved: /s/ Norm Davis
Director, Division of Developmental Disabilities

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