

purposes of discipline or convenience and which are not required to treat the person's medical symptoms.

Restraints may be used only as part of a person's Individual Habilitation Plan (IHP) or Individual Plan of Care (IPOC) and in conjunction with positive approaches to habilitation. They shall not be used as a substitute for appropriate programs or active treatment.

- B. All types of restraints must be removed when the person no longer presents a risk of harm to themselves or others.
- C. 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.
- D. Conditions Under Which Restraints May Be Authorized

Each RHC and ICF/MR 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 person's challenging behavior, and when any of the following conditions exist:

1. A behavioral crisis or emergency in which the person's behavior seriously endangers his/herself, others, or property;
2. An approved Behavior Support Plan (BSP) which is part of the person's IHP and specifies the use of restraints;
3. The person does not comply with a specific medical treatment or measure(s) to control the spread of infection, which is necessary for the person's health and protection;
4. 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;
5. Where chemical restraints are appropriate, their use must be ordered by a physician or by a dentist for dental treatment. The ordering physician, dentist, or licensed nurse may administer a psychoactive restraint. The ordering physician must document in writing the reason for the prescribed restraint. Nursing orders must be issued to indicate possible medication side effects and to direct staff's monitoring and reporting of such reactions.

E. Personnel Responsible for Authorization of Restraint Use

Each RHC and ICF/MR 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:

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 must authorize 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.

F. Types of Restraints and Procedures

1. Each RHC and ICF/MR must have written procedures describing in detail the types of physical, mechanical, and chemical restraints, and interventions that may be used in accordance with DDD Policy 5.15, *Use of Restrictive Procedures*.
2. Mechanical or Physical Restraints
 - a. Mechanical or physical restraint in a prone position (i.e., the person is lying on his/her stomach) is strictly prohibited.
 - b. Use of mechanical or physical restraints must meet the following requirements:
 - i. All restraint use shall be documented in the person's record. This justification for its use, staff involved, frequency and duration of each use, and the name of the QMRP or other staff responsible for authorizing the procedure as well as for monitoring.
 - ii. 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 restraint can be

ordered for a period not to exceed seventy-two (72) hours.

- iii. 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.
- iv. An individual in any mechanical restraint must be in continuous visual supervision by a staff person.
- v. An individual placed in restraints must be checked at least every thirty (30) minutes by trained staff for continued proper application of the restraint and good circulation.
- vi. 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. The time period can be no more than 110 minutes without a break.
- vii. A complete authorization must be a part of the person's IHP and BSP, be consented to by the person and/or their parent or guardian, and approved by the IDT, the facility administrator, and the facility's Human Rights Committee (HRC).
- viii. If mechanical restraints are prescribed in an emergency, 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 (6) month time period.

G. 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 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:

- 1. Authorized only by a physician and, except in an emergency, accompanied by an approved BSP justifying the prescribed drug, which is part of the person's IHP.
- 2. Monitored by qualified staff for desired responses and possible side effects or adverse reactions.

3. Documented in the person's record, with informed consent by the person and/or his/her guardian, and approved by the IDT, the facility administrator, and the facility's Human Rights Committee.
4. If chemical restraints are prescribed in an emergency, 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 (6) month time period.
5. The use of chemical restraints on a standing order basis (i.e., prn) is strictly prohibited.

H. Exclusionary Time Out

1. 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 procedure and is permitted only by Exception to Policy (ETP). 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 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 BSP and incorporated into the person's IHP.
 - e. Placement of a person in a time out room must not exceed one (1) hour.

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

DEFINITIONS

Chemical Restraint means administration of psychoactive drugs to prevent or limit inappropriate 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 upon the occurrence of an inappropriate behavior. Exiting the area is prevented. This is a restrictive procedure which is permitted only by Exception to Policy (ETP).

Mechanical Restraint means applying a device or object, which the person cannot remove, to the person's body for the purpose of restricting his/her free movement.

Physical Restraints means physically holding or restraining all or part of a person's body in a way that restricts his/her free movement.

Restraints means any one of numerous methods used to limit a person's freedom of movement or immobilize the person.

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.

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.

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.

TITLE:

RESTRAINTS

POLICY 5.11

SUPERSESSSION

Division Policy 5.11
Issued January 28, 1994

Division Policy Directive: 340.5
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Approved: /s/ Linda Rolfe
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