



DIVISION OF DEVELOPMENTAL DISABILITIES
Olympia, Washington

TITLE: USE OF RESTRICTIVE PROCEDURES POLICY 5.15

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TITLE:

USE OF RESTRICTIVE PROCEDURES

POLICY 5.15

SUPERSESSSION.....19

ATTACHMENT A

Consent *for Use of Restrictive Procedures Requiring an ETP* (Sample Form)1



DIVISION OF DEVELOPMENTAL DISABILITIES
Olympia, Washington

TITLE: USE OF RESTRICTIVE PROCEDURES POLICY 5.15

Authority: Chapter 71A RCW Developmental Disabilities
Chapter 388-101 WAC Certified Community Residential Services and
Supports
Chapter 388-825 WAC DD Services Rules
Chapter 388-850 WAC County Employment and Day Programs

BACKGROUND

When a client's behavior presents a threat of injury to self or others, or threatens significant damage to the property of others, steps must be taken to protect the client, others, or property from harm. It is expected that supports as described in the Division of Developmental Disabilities (DDD) Policy 5.14, *Positive Behavior Support*, will be used to lessen the behaviors and to eliminate the need for restrictive practices. When positive behavior support alone is insufficient, procedures that involve temporary restrictions to the client 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 Positive Behavior Support Plans (PBSP) are also described.

SCOPE

This policy applies to all clients who receive services in:

1. DDD contracted residential programs serving people in their own homes, including the State Operated Living Alternatives (SOLA);
2. Companion Homes;

3. Community Intermediate Care Facilities for the Mentally Retarded (ICF/MR);
4. Residential Habilitation Centers (RHC);
5. Licensed Staffed Residential Homes and Group Care Facilities (for children and youth); and
6. Services provided by counties that are funded by DDD (including employment, vocational, and day programs).

State laws (RCWs) and rules (WACs) governing adult family homes, boarding homes, and nursing homes take precedence over this policy.

DEFINITIONS

Aversive stimulation means the application of a stimulus that is unpleasant to the client (e.g., water mist to the face, unpleasant tastes applied directly to the mouth, noxious smells, etc.).

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

Electric shock means the application of an electric current or charge to any part of the body. This procedure is prohibited. Note: Electroconvulsive therapy (ECT) for depression is not included in this definition.

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. Exiting the area is prevented. This procedure must be approved by the Division Director.

Forced compliance means physically forcing or ordering a client to do something he/she does not want to do. This procedure is prohibited.

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

Mechanical restraint means applying a device or object, which the client cannot remove, to the client's body that restricts his/her free movement.

Overcorrection means requiring a client to clean or fix the environment more than necessary to restore it to its original state, and/or to repeatedly practice the correct way to do something as a consequence for having done something wrong. This procedure 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 him/her, or holding a client's hand to escort the client safely from one area to another.

Physical or mechanical restraint in a prone position means the client is being restrained while lying on his/her stomach. This procedure is prohibited.

Physical restraint in a supine position means the client is being restrained while lying on his/her back. This procedure is prohibited.

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 he/she does not want to do, or removes something the client owns or has earned.

POLICY

- A. Restrictive procedures must be used only as provided for in this policy. Use of restrictive procedures with children and youth requires consideration of their developmental level and careful evaluation and oversight. Some procedures that would be restrictive for an adult client and by policy require an Exception to Policy (ETP) may not require an ETP when used with children. For example, restricting a child's access to certain populations, areas or public places is developmentally appropriate. Adults acting in lieu of a parent are expected to supervise children with regard to their safety.

Procedures for which an ETP is not required when used with children are specifically noted below. Caregivers, Case Resource Managers (CRM), and Social Workers should seek guidance and clarification from their supervisor or the DDD Central Office Voluntary Placement Program Manager if they are uncertain whether an ETP is required.

- B. Intermediate Care Facilities for the Mentally Retarded (ICF/MRs) must conform to all federal and state laws and regulations governing restrictive practices. Facilities licensed as **Boarding Homes** must conform to all applicable rules as stated in [Chapter 388-78A WAC](#), which also addresses the use of restraints. **Adult Family Homes** must adhere to [Chapter 388-76 WAC](#) regarding resident rights and restraints.
- C. Restrictive procedures may only be used for the purpose of protection, and may not be used for the purpose of changing behavior in situations where no need for protection is present.
- D. Only the least restrictive procedures needed to adequately protect the client, others or property shall be used, and restrictive procedures must be terminated as soon as the need for protection is over.

- E. When a client has restrictive procedures that may impact his/her housemate(s), efforts shall be made to minimize the effect on the housemate(s). How the client's housemate(s) will manage these restrictions must be included in their service plans (e.g., using a key or getting a staff to unlock cabinets, etc.). Consent to the plan by the housemate(s) and his/her legal representative must be documented in the client record.
- F. **Prohibited Procedures**
1. Procedures that are not permitted under any circumstances and for which no exceptions to policy (ETP) shall be granted are:
 - a. Corporal/physical punishment;
 - b. The application of any electric shock or stimulus to a client's body;
 - c. Forced compliance, including exercise, when it is not for protection;
 - d. Locking a client alone in a room;
 - e. Overcorrection;
 - f. Physical or mechanical restraint in a prone position (i.e., the client is lying on his/her stomach);
 - g. Physical restraint in a supine position (i.e., the client is lying on his/her back);
 - h. Removing, withholding, or taking away money, tokens, points, or activities that a client has previously earned;
 - i. Requiring a client to re-earn money or items purchased previously; and
 - j. Withholding or modifying food as a consequence for behavior (e.g., withholding dessert because the client was aggressive).
 2. Aversive stimulation is **not** permitted except for treatment of sexual deviancy where a certified or affiliate sex offender treatment provider (SOTP) conducts the treatment and for which informed consent and an ETP have been obtained. It is the therapist's responsibility to request the ETP. See Section K of this policy for additional requirements.

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

1. The procedures listed below are considered severely intrusive and may be used only when less intrusive procedures have failed to protect the client, others, or property. **Use of these procedures requires a PBSP and an ETP.**
2. Approval at the Division Director Level

The following four (4) restrictive procedures require the prior written approval of the Division Director:

- a. Restraint chairs.
 - b. Restraint boards.
 - c. Exclusionary time out. This means placing a client alone in a room in which no reinforcement is available and from which the client is prevented from leaving. Time out rooms must meet federal ICF/MR regulations and guidelines.
 - d. 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 he/she is likely to engage in severe challenging behaviors at an activity, the activity may be cancelled for the individual. No ETP is required.
 - e. Use of video monitors for medical necessity for more than six (6) months. See Section 3.j below for complete requirements.
3. Approval at the Regional Administrator Level

Where noted below, an ETP is not required for *Community Protection Program (CPP)* participants if the restriction is included in the client's professional treatment plan. Refer to DDD Policies 15.01 through 15.05 regarding the *Community Protection Program* for further information.

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

- a. Requiring a client to wear any electronic monitoring device on his/her body to monitor the client's behavior. The client and his/her legal representative must give consent if there is no court order.
- b. Administration of medications prescribed for the purpose of diminishing sexual desire. An ETP is not required for clients who are their own guardians and are competent to make this decision for themselves. See Section L of this policy for additional information and requirements.
- c. Removal of client property where risk of damage to property or injury to a client is not an issue (e.g., taking the client's TV away for swearing at a caregiver).
- d. Regulating or controlling a client's money in a manner which the client and/or his/her legal representative object to. See also Section I.2 of this policy regarding money management.
- e. Restricting access to certain populations, areas, or public places. An ETP is not required for CPP participants. *[ETP is not applicable to children.]*
- f. The use of locks on doors, gates, and fences that prevent independent egress from the residence and/or yard. Keyed locks where you must use a key from inside to leave 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.
- g. Restrictions on free association and communication, such as access to pornography, telephones, the Internet, written communication, communication devices and interactions with others (e.g., limiting 900 calls/telephone service, supervising telephone usage to monitor behavior). An ETP is not required for CPP participants. *[ETP is not applicable to children.]*
- h. Restricting access to alcohol. An ETP is not required for CPP participants. *[ETP is not applicable to children since providing alcohol to minors is illegal.]*
- i. Routine search (i.e., a planned or scheduled search) of a client and/or his/her home and possessions. Without a court order or as a condition of community supervision, the client and his/her legal representative must

consent to the procedure. A legitimate and significant reason to conduct the search must exist. An ETP is not required for CPP participants. *[ETP is not applicable to children.]*

j. Use of video monitors for client health and safety

All people have the right to privacy. The use of a video monitor in a person's home/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.

Video monitors are permitted when medically necessary for the client's health and safety, provided the following requirements are met:

- 1) There is documentation that the client's interdisciplinary team, including the CRM and residential services staff, has explored other less invasive options (e.g., additional staffing, installing call buttons, bed alarms, motion sensor, etc.) prior to requesting to use a video monitor.
- 2) There is a current physician's order that clearly states the medical necessity for the client and anticipated duration of monitor use.
- 3) The client and his/her legal representative must be aware of the monitor and give consent for its use. Their signed consent must be documented in the client record.
- 4) There is a written plan that gives direction to all residential staff regarding:
 - (a) When the monitor is to be turned on and off;
 - (b) Consideration will be given to privacy issues;
 - (c) How to respond when the client turns off the monitor or requests the monitor be turned off;
 - (d) No video recording is permitted;
 - (e) Documentation requirements;

- (f) Under no circumstances can the video monitor be used for staff convenience or to purposely invade a person's privacy; and
 - (g) Staff responsible for viewing the monitor will receive training on this plan.
- 5) There is an approved ETP as follows:
- a) If the monitor will be used for six (6) months or less, the Regional Administrator (RA) will be the approving authority; **or**
 - b) If it is anticipated that the monitor will be used for more than six (6) months, the Division Director will be the approving authority (see 2.e above).
- 6) Residential staff will document the use of the monitor, including duration and name of staff, on a daily basis. This data must be included in the client record.

H. **Restrictive Procedures Permitted Without an ETP**

The procedures listed below require a Positive Behavior Support Plan (PBSP) as specified in this policy (see Procedures, Section A).

1. Protective restrictive procedures have one or more of the following characteristics:
 - a. Interrupting or preventing behaviors that are dangerous or harmful to the client or others;
 - b. Interrupting or preventing behaviors that cause significant emotional or psychological stress to others; and/or
 - c. Interrupting or preventing behaviors that result in significant damage to the property of others.
2. Permitted restrictive procedures for the purpose of protection include, but are not limited to:

- a. Controlling food consumption for individuals who have behavioral issues (e.g., stealing food, running away to get food, being assaultive when denied food, etc.) related to unrestricted access to food when:
 - i. A long-term threat exists to the client's health, as determined in writing by a physician; or
 - ii. A short term threat exists (e.g., eating raw meat, uncontrolled intake of water, etc.); or
 - iii. It is necessary for assisting the client to live within his/her budget.

Note: If the client understands and complies with his/her dietary restrictions (i.e., does not exhibit any challenging behaviors in response), a PBSP is not required.

- b. Requiring a client to leave an area with physical coercion (i.e., physically holding and moving the client) for protection of the client, others, or property.
- c. Using door and/or window alarms to monitor clients who present a risk to others (e.g., sexually or physically assaultive).
- d. Necessary supervision to prevent dangerous behavior.
- e. Taking away items that could be used as weapons when the client has a history of making threats or inflicting harm with those or similar items (e.g., knives, matches, lighters, etc.).
- f. Removing client property being used to inflict injury on one's self, others, or property. Removing property belonging to others is not a restrictive procedure.
- g. Physical restraint to prevent the free movement of part or all of the client's body **with the exception of restraint in a prone or supine position (i.e., lying on the stomach or back, respectively) which is prohibited.** See also DDD Policy 5.17, *Physical Intervention Techniques*.
- h. Mechanical restraint to limit the client's free movement or to prevent the client from self-injury (e.g., a helmet, arm splints, etc.). **Mechanical restraint in a prone position (lying on the stomach) is prohibited.**

Note: Splints applied for purposes of physical therapy, or other mechanical devices used to maintain proper body posture, wheelchair safety (e.g., seat belts or chest straps), other medically necessary devices used to protect a client from accidental injury (e.g., helmets for clients with seizures, gait belts, etc.) or the use of car door locks for safety purposes are not considered restrictive procedures and do not require PBSPs unless there is a behavioral component.

I. Non-restrictive Procedures

1. Teaching, Training, and Support Methods

The following procedures are not restrictive and PBSPs are not required to use these procedures. Programs or written guidelines to staff are recommended if these procedures are used frequently.

- a. Prompting (verbal and physical cues or gestures and physical assistance).
- b. Simple correction (explaining or showing how to do something correctly, coaching and/or guiding the client with or without physical assistance). Correction should always 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 (e.g., extra money, CDs, videos). These incentives must be purchased with money other than the client's.
- f. Teaching and encouraging a client to choose and purchase healthy, nutritional food.
- g. Canceling an activity for an individual because the client is agitated at the time of the event.
- h. Controlling access to prescription medicines, over the counter medications, and hazardous chemicals that can be harmful (e.g., laxatives, cleaning products, 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 code alert devices for client health and safety (e.g., seizures, falls, dementia). Medical alert devices such as necklaces and bracelets may be worn on the client.
- l. Use of door and/or window alarms for client safety and security, such as clients who are sexually vulnerable or experiencing dementia, or who lack traffic safety skills. Consult with the CRM if you are unsure about other security devices and their programmatic requirements.
 - i. The provider must inform the client's CRM whenever use of a door or window alarm for client safety and security is contemplated; and
 - ii. The CRM must document the use and reason for the alarms in the Individual Support Plan (ISP).
- m. Use of audio monitors for client health and safety
 - i. Audio monitors are permitted when medically necessary (e.g., for a client who has frequent falls resulting in injury, clients with uncontrolled seizures) under the following conditions:
 - (a) Audio monitors must not be used for staff convenience or to invade a client's privacy;
 - (b) The client must be aware of the monitor and give consent for its use. Such consent must be documented in the client record; and
 - (c) There is a written plan that includes the reason for use of the monitor and specific details as to when the monitor will be turned on and off. This plan must be documented in the client record.
 - ii. Providers must inform the client's CRM whenever use of an audio monitor is contemplated and provide the CRM with a copy of the written plan.
 - iii. The CRM will notify her/his Field Services Administrator of the use of an audio monitor with the client.

2. Money Management and Support

An important support many people need is help managing within their financial resources. This may involve limiting, to varying degrees, a client's access to his/her 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 client preferences and increase his/her money management skills.

Ways to support the client include:

1. Developing a budget plan consistent with the client's interests and financial resources;
2. Monitoring weekly expenditures to ensure the client does not overspend;
3. Paying rent and bills on time;
4. Buying food;
5. Purchasing clothing and other client items; and
6. Budgeting money for leisure activities.

J. Use of Mechanical/Physical Restraints during Medical and Dental Treatment

The use of mechanical or physical restraints during medical and dental treatment is acceptable if under the direction of a physician or dentist and consistent with standard medical/dental practices. Efforts should be made to familiarize the client with the medical/dental procedure so the least restrictive procedure is needed. See also DDD Policy 5.17, *Physical Intervention Techniques*, for more information.

Any use of mechanical or physical restraints is further governed by the following best practice guidelines:

1. The restraint is necessary for safe, effective treatment;
2. The restraint causes no physical trauma and minimal psychological trauma;
3. Consent for treatment and use of the restraint has been obtained from the client or his/her legal representative;
4. Staff is trained in the safe use of the restraint;

5. The physician or dentist writes an order for the needed restraint;
6. The restraint plan is clearly documented in the client's medical record, including reason for use, type of restraint, and expected duration; and
7. The client is monitored while restrained to ensure the client is not experiencing adverse effects.

K. Treatment of Sexual Deviancy

Appropriate treatment of individuals with a history of sexual assault, inappropriate sexual behaviors, or who have committed illegal acts of a sexual nature, may involve certain restrictions as part of their therapeutic treatment plan. In these cases, the use of restrictive procedures for other than protective purposes may be allowed by ETP if recommended by a certified sex offender treatment provider (SOTP), or an affiliate SOTP working under the supervision of a certified SOTP. The client **must** consent to the procedures as part of his/her therapeutic treatment. Refer to DDD Policy 15.02, *Community Protection Program Services*, and DDD Policy 15.04, *Standards for Community Protection-Intensive Supported Living Services*, for additional information and requirements.

L. Requirements Regarding Consent for Medications Prescribed to Diminish Sexual Desire or Function

In cases where a client is requesting, or the client's legal representative or healthcare professional is requesting, that the client take anti-androgen medications for the purpose of diminishing his/her sexual desire or functioning, the following requirements apply. Caution should be exercised as these drugs have severe side effects, including loss of bone density with prolonged use.

1. A clients who is his/her own guardian, and able to understand the risks and benefits of the medication, may give consent to receive medications that reduce sexual desire and functioning. No ETP is required.
2. If a client is unable to understand the risks and benefits of the proposed medication, and has no legal representative, a guardian should be appointed to make the decision. The CRM will contact the Assistant Attorney General (AAG) for assistance and consultation.
3. When a client has a legal representative with power to make health care decisions for the client, the legal representative must give consent for such medications. In these instances, an ETP is also required to allow the agency and the division to

evaluate the client's willingness and understanding relative to the consent and the effects of the medication.

The ETP packet must include the following documents:

- a. A completed [DSHS 02-556, Request for Exception to Policy for Use of Restrictive Procedures](#).
- b. Written letter or report from the client's prescriber that states why the medication is recommended, dosages, side effects, and monitoring plan (e.g., how monitoring will occur, at what frequency, etc.);
- c. Written letter of support for the recommendation from the client's SOTP, which includes how the SOTP will monitor for effectiveness;
- d. The most recent psychosexual evaluation/risk assessment.
- e. The current PBSP that includes what behavioral interventions are in place to monitor the client's behavior; and
- f. Written consent from the client's legal representative.

Refer to DDD Policy 9.08, *Consent for Medical Treatment Affecting Reproduction Functions* for additional information and requirements.

M. **Court Ordered Restrictions**

Least Restrictive Alternatives (LRA) are court ordered restrictions that a client agrees to meet as a condition of release. If a client requests assistance in meeting court-imposed restrictive conditions, DDD funded programs or staff may provide that assistance. Programs shall only initiate restrictive procedures that are permitted by this policy. Additionally, all requirements of this policy must be met, including those relating to ETPs.

Restraining/No Contact Orders: If a client has a court order directing no contact with another client or location, staff may assist the client in adhering to the restraining order. No ETP is required.

N. **Emergency Use of Restrictive Procedures**

1. Emergencies may occur in which 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.

No procedures that require an ETP may be used in an emergency other than “restricted access” and as described in ‘4’ below.

2. An incident report must be submitted to the DDD CRM or the RHC superintendent or designee for each incident leading to the use of emergency restrictive procedures, in accordance with procedures for reporting incidents.
3. If the same restrictive procedure is used on an emergency basis more than three (3) times in a six (6) month period, a functional assessment must be conducted and, if warranted, a PBSP developed.
4. For individuals who pose an immediate danger to self or others, it is acceptable to initiate **restricted access** and **necessary supervision** immediately (see Policy Sections G.3.e and H.2.d) without a PBSP or ETP if there is reasonable justification.

Once the provider notifies DDD of this action, the RA or designee must subsequently approve or disapprove within three (3) working days. Approval must be written with a brief statement of the problem and reason for the restriction. A written PBSP, and ETP request if necessary, must be completed within 45 days.

PROCEDURES

- A. Before implementing restrictive procedures, the client and his/her legal representative must be involved in discussions regarding the perceived need for restrictive procedures including:
- The specific restrictive procedures to be used;
 - The perceived risks of both the client’s challenging behavior and the restrictive procedures;
 - The reasons which justify the use of the restrictive procedures; and
 - The reasons why less restrictive procedures are not sufficient.

B. Necessary Documentation for Use of Restrictive Procedures

1. A written Functional Assessment (FA) of the challenging behavior(s) that the restrictive procedures address. Refer to DDD Policy 5.14, *Positive Behavior Support*, for more information and requirements regarding FAs.
2. Based on the FA, a written PBSP that will be implemented to reduce or eliminate the client's need to engage in the challenging behavior(s). Refer to DDD Policy 5.14, *Positive Behavior Support*, for more information and requirements regarding PBSPs. At the RHCs, the psychologists are responsible for conducting the FA and developing the PBSP.
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;
 - b. A plan for recording data on the use of the procedure and its effect (each use of the restrictive procedure must be documented); and
 - c. A description of how the program or interdisciplinary team (IDT) will monitor the outcomes of implementing the PBSP and evaluate the continued need for the restrictive procedure.
 - d. For CPP participants where there are ongoing restrictions, such as "restricted access," the client's treatment plan must include documentation of the restrictions and a notation that the restrictions are ongoing. CPP providers are exempt from documenting each use of an approved ongoing restriction.

C. Approval Process

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

1. For community programs:
 - a. All PBSPs involving restrictive procedures require the written approval of the agency administrator or staff who have designated approval authority; and
 - b. PBSPs that require an ETP or involve physical or mechanical restraints require written approval by the client and/or legal representative. The

client's approval should be sought to the extent he/she understands what is being proposed.

- c. Approval must be documented on a form that lists the risks of the challenging 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/or legal representative to write comments and their opinions regarding the plan.

2. For RHCs and ICF/MRs:

- a. Written approval of the PBSP from the IDT;
- b. Written consent of the client and/or legal representative; and
- c. Written approval from the Human Rights Committee as described in DDD Policy 5.10, *Human Rights Committee*.

3. If the client and/or legal representative disagree with parts of the proposed intervention strategies in the PBSP, they may file a grievance according to agency procedures. If they are not satisfied with the facility or agency response, they may request a review by the DDD RA.

D. Monitoring Physical or Mechanical Restraint Procedures

1. Clients being restrained must be observed continuously and without interruption to ensure the risks to the client's health and safety are minimized.
2. Whenever possible, a separate staff 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 written description of:
 - a. Events immediately preceding the behavior, which 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. Any injuries sustained by anyone during the intervention.

E. Incident Reports

- 1. Incident reports are required under the following conditions:
 - a. When injuries requiring first aid and/or medical care are sustained by any client during implementation of a restrictive procedure/intervention; and
 - b. Whenever restrictive procedures are implemented under emergency guidelines.
- 2. Incident reports must be submitted as follows:

Community Programs and SOLAs: as described in DDD Policy 6.12, *Residential Reporting Requirements Including Abuse/Neglect Reporting*; and

RHCs and ICF/MRs: as described in DDD Policy 12.01, *Incident Management*.

F. Data Monitoring of Restrictive Procedures

- 1. Program staff responsible for PBSPs must review the plan at least every thirty (30) days.
- 2. If the data indicates progress is not occurring after a reasonable period, but no longer than six (6) months, the PBSP must be reviewed and revisions implemented as needed.
- 3. At least annually, the approving authorities must re-approve restrictive procedures that require ETPs or involve physical or mechanical restraint.

EXCEPTIONS

- A. ETPs for restrictive procedures described in Policy, Section F, must be reviewed and approved or denied in writing by the DDD RA within fifteen (15) calendar days after receipt of the request and required documentation. All ETP requests must be submitted using [DSHS 02-556, Request for Exception to Policy for Use of Restrictive Procedures](#).

A signed consent form must accompany the request (see Attachment A for sample form, *Consent for Use of Restrictive Procedures Requiring an ETP*).

- B. ETPs for use of restrictive procedures that require approval at the Division Director level must be submitted and approved by the Director prior to implementation.
- C. Any exception to the requirements of this policy must have the prior written approval of the Division Director.

SUPERSESSSION

DDD Policy 5.15
Issued July 1, 2006

DDD Policy 5.15
Issued September 1, 2005

DDD Policy 5.15
Issued November 1, 2003

DDD Policy 5.15
Issued July 1, 2001

DDD Policy 5.15
Issued June 17, 1999

DDD Policy 5.15
Issued January 30, 1996

DDD Policy 5.12
Issued December 28, 1993

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

Date: July 1, 2007

ATTACHMENT A

CONSENT FOR USE OF RESTRICTIVE PROCEDURES REQUIRING AN ETP

Client Name: _____ **Date of Request:** _____

Behavior(s) of concern (describe target behaviors): _____

Proposed Restrictive Procedure(s): _____

In the attached Positive Behavior Support Plan (PBSP), clearly describe how and when the procedure(s) will be used, the criteria for termination of the procedure(s), and the plans for recording the use and effectiveness and for monitoring the continued need for the restrictive procedure(s).

Risks of proposed restrictive procedure(s): _____

Risks of Not Using Restrictive Procedure(s): _____

Why less restrictive procedures are not recommended: _____

What are the alternatives to the proposed procedure(s): _____

Approval of Program Administrator: _____ **Date:** _____

Consent to use procedures: _____ **Date:** _____

(Client Signature)

_____ **Date:** _____

(Legal Representative Signature)

This consent is valid for _____ months (not to exceed 12 months).

Comments of client/legal representative: _____