



DEVELOPMENTAL DISABILITIES ADMINISTRATION  
Olympia, Washington

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TITLE: USE OF RESTRICTIVE PROCEDURES POLICY 5.15

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Authority: [Chapter 71A RCW](#) *Developmental Disabilities*  
[Chapter 388-101 WAC](#) *Certified Community Residential Services and Supports*  
[Chapter 388-825 WAC](#) *Developmental Disabilities Services*  
[Chapter 388-850 WAC](#) *County Plan for Developmental Disabilities*

Reference: DDA Policy 5.14, *Positive Behavior Support*  
DDA Policy 5.16, *Use of Psychoactive Medications*  
DDA Policy 5.17, *Physical Intervention Techniques*

**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 Developmental Disabilities Administration (DDA) 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 adult clients age 18 and over who receive services in:

1. DDA community residential services programs, which include Supported Living (SL) and State Operated Living Alternatives (SOLA) programs, Alternative Living (AL), Companion Homes (CH), Group Homes (GH) and Group Training Homes (GTH);
2. Community Intermediate Care Facilities for Persons with Intellectual Disabilities (ICF/ID);
3. Residential Habilitation Centers (RHC); and
4. Adult services provided by counties that are funded by DDA, including employment and day program services.

State laws (RCWs) and rules (WACs) governing adult family homes, assisted living facilities, 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.).

**CRM** means the Developmental Disabilities Administration Case Resource Manager and/or the Social Worker or Social Service Specialist.

**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 Deputy Assistant Secretary.

**Forced compliance** means physically forcing or ordering a client to do something they do 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 their 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 them, holding a client's hand to escort the client safely from one area to another, or using seatbelts for wheelchair safety.

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

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

**Restraint** means any one of numerous authorized methods used to limit a person's freedom of movement or immobilize the person. 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, and/or calm a person who exhibits behavior that presents a risk of harm to the person, 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.

**Video monitor** means any type of device that can be used to visually monitor a person 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 available/accessible through a computer.

## **POLICY**

- A. 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.
- B. Intermediate Care Facilities for Persons with Intellectual Disabilities (ICF/ID) must conform to all federal and state laws and regulations governing restrictive practices. Assisted Living facilities 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. 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.
- D. When a client has restrictive procedures that may impact their 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 their legal representative must be documented in the client record.

## E. 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). You may not use the client's money to purchase the incentives/items used for the program.
- 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 alert devices for client health and safety** (e.g., seizures, falls, dementia, etc.). 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 are 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 their Field Services Administrator of the use of an audio monitor with the client.

Note: [RCW 9.73.030](#) prohibits the intercepting and recording of private communication without first obtaining the consent of all participants in the communication.
- n. **Removing or taking away animals or clients' pets when the client is abusive or neglectful to the animal/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 animal/pet with fresh water and food daily, and humane treatment.

- i. If a client needs instruction and support in the handling and proper care of the pet, document the plan for this in the IISP.
  - ii. Document all incidents of client mistreatment of an animal or pet according to incident reporting procedures, including reporting to DDA; and
  - iii. Physical abuse of an animal/pet may be grounds for permanent removal of the animal/pet and may result in prohibition of acquisition of another animal/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 person:
- i. If the service provider purchases, assists the client 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/device with them and the GPS tracking capability is enabled.
  - ii. The provider must document in writing 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 (e.g., asking the client to agree to carry the phone whenever the client leaves the home, etc.) in the client's PBSP.

## 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 preferences and increase his/her money management skills.

Ways to support the client include:

- a. Developing a budget plan 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 client items; and
- f. Budgeting money for leisure activities.

**F. 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 DDA 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.

**G. Restrictive Procedures Permitted Without an Exception to Policy (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. 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 and/or window alarms to monitor clients who present a risk to others (e.g., 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 history of making threats or inflicting harm with those or similar items (e.g., knives, matches, lighters, etc.).
  - e. 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.
  - f. 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 DDA Policy 5.17, *Physical Intervention Techniques*.
  - g. 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), and 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.

**h. Use of bed side rails for client health and safety**

Note: This section does not apply to RHCs.

[WAC 388-101-3372](#) 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.

- i. Bed side rails are known to present a potential risk of harm in the form of entrapment, injury, and death. This potential exists for all rails, whether they are full, half, or quarter rails. Consequently, the use of rails requires monitoring for ongoing need for continued use. A PBSP is not required; however, there must be written instructions (see section iv. below).
- ii. Under no circumstances can the side rails be used for staff convenience or to purposely restrain a person unnecessarily.
- iii. Side rails are permitted **when medically necessary** for the client's health and safety, provided the following requirements are met:
  - (a) There is a current physician's order that clearly states the medical necessity; and
  - (b) The client and/or their legal representative must be made aware of the side rail use and give consent for their use. The service provider must send a copy of the signed consent form to the CRM for inclusion in the client record.
- iv. There are written instructions that give direction to all residential staff regarding how to properly operate and lock the side rails and monitor them to ensure they work correctly. These instructions must include:
  - (a) Checking that the mattress fits tightly against the side rail;
  - (b) For clients unable to reposition themselves, position changes are done no less than once every two (2) hours during waking hours (and at night if the prescriber requests); and
  - (c) Frequent bed checks for safety and well-being during awake hours are conducted at a higher frequency than

repositioning. The plan must state the frequency of bed checks.

- v. Additional safety information regarding bed rails may be found at: [www.fda.gov/MedicalDevices/ProductsandMedicalProcedures/GeneralHospitalDevicesandSupplies/HospitalBeds/default.htm](http://www.fda.gov/MedicalDevices/ProductsandMedicalProcedures/GeneralHospitalDevicesandSupplies/HospitalBeds/default.htm).

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

1. The procedures listed below are considered extremely 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 Deputy Assistant Secretary Level

The following five (5) restrictive procedures require the prior written approval of the Deputy Assistant Secretary:

- 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/ID 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.k 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 DDA 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 DDA Regional Administrator:

- 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 their budget.

An ETP is required whenever a client's food or kitchen is locked up and not accessible to the client without staff assistance.

Note: If the client understands and complies with their dietary restrictions (i.e., does not exhibit any challenging behaviors in response) and the client's food and kitchen/kitchen areas do not need to be secured, a PBSP is not required. For example, a person with diabetes who is on a special diet due to diabetes, but who complies willingly with the diet and for whom it is not necessary to lock up food or areas of the kitchen.

- 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. 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 their 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.<sup>1</sup>

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<sup>1</sup> ETP not required for CPP Participants.

- 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 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.
- g. The use of seat belt locks in vehicles to transport individuals whose challenging behaviors impede their safe travel (e.g., unlocking regular seat belts and opening vehicle doors while in operation, etc.).
- h. 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, etc.).<sup>1</sup>
- i. Restricting access to alcohol.<sup>1</sup>
- j. Routine search (i.e., a planned or scheduled search) of a client and/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.<sup>1</sup>
- k. 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 by service providers and ongoing assessment of their continued use. Refer to the Definitions section of this policy regarding video monitors.

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

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

- iii. The client and their legal representative must be aware of the monitor and give consent for its use. Their signed consent must be documented in the client record.
  - iv. 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 that the monitor be turned off;
    - (d) Video recording is **not** permitted;
    - (e) Documentation requirements;
    - (f) Under no circumstances shall 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.
  - v. 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 Deputy Assistant Secretary will be the approving authority (see 2.e above).
  - vi. 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.
- l. Use of either of the following restrictive physical interventions:
- i. Person seated on furniture and physically restrained by two persons sitting on either side (Note: This procedure involves the use of a supported guide); and

- ii. Person sitting on the floor and being physically restrained by one or more persons (Note: This procedure involves the use of a supported guide).
- iii. These physical interventions may be used only as part of an approved physical intervention system/curricula. Refer to DDA Policy 5.17, *Physical Intervention Techniques*, for additional information and requirements.
- m. 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.

#### I. **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 their stomach);
  - g. Physical restraint in a supine position (i.e., the client is lying on their 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 J of this policy for additional requirements.

#### J. **Treatment of Sexual Deviancy**

Appropriate treatment of individuals with a history of sexual assault or inappropriate sexual behaviors or individuals 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.

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

#### K. **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 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 person or location, staff may assist the client in adhering to the restraining order. No ETP is required.

#### L. **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 those described in section '4' below.

2. An incident report must be submitted to the DDA 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 the following procedures/interventions immediately without a PBSP or ETP if there is reasonable justification:
  - a. **Restricted access** (see Policy Section H.3.f);
  - b. **Necessary supervision** (see Policy Section G.2.c; and
  - c. The use of a seated restraint as described in Policy Section H.3.m (a and b) as long as staff implementing the restrictive physical intervention have been previously trained in its application and otherwise meet the requirements of DDA Policy 5.17, *Physical Intervention Techniques*.

Once the provider notifies DDA 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. 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 their 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 DDA 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 DDA Policy 5.14, *Positive Behavior Support*, for more information and requirements regarding PBSPs. DDA Policy 5.14, Attachment A, *Recommended Guidelines for Developing Functional Assessments and Positive Behavior Support Plans*, describes what to include in the FA and the PBSP.

Note: 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). The plan must specify the type and frequency of data collection; 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 residential and county employment/day programs services:
  - 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 their legal representative. The client's approval should be sought to the extent they understand 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 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. For RHCs and ICF/IDs:
    - 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 DDA Policy 5.10, *Human Rights Committee*.
  3. If the client and/or their 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 DDA Regional Administrator.
- D. Distribution of PBSPs
  1. A copy of the client's current PBSP must be available in the client's home for employees to access.
  2. The residential provider must send a copy of the client's PBSP to the employment or day program provider if the client is receiving these services. The employment/day program provider must implement the PBSP as written and communicate with the residential provider regarding any proposed modifications for use in the employment/day program setting.
  3. If the employment/day program develops a PBSP for the client, they should consult with the residential provider and send a copy of the final PBSP to the DDA CRM and the client's residential provider.
- E. 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.

F. 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;
  - b. Whenever restrictive procedures are implemented under emergency guidelines; and
  - c. Clients' animals/pets are abused or neglected (see section H.1.n).

2. Incident reports must be submitted as follows:

Residential Programs and SOLAs: as described in DDA Policy 6.12, *Mandatory Reporting Requirements for Residential Providers*;

RHCs and ICF/IDs: as described in DDA Policy 12.01, *Incident Reporting*;

Employment and Day Programs: as described in DDA Policy 6.08, *Mandatory Reporting Requirements for Employment and Day Services Providers*.

G. 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. The facility, service provider, or treatment professional requesting the 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](#), to document the request.
- 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/approval based on the regional process.
  9. Print copy of ETP and attach to request packet for reviewer/approver.

- C. ETPs for restrictive procedures described in Policy Section H, must be reviewed and approved or denied in writing by the DDA RA within fifteen (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 exceptions to the requirements of this policy must have the prior written approval of the Deputy Assistant Secretary.

**SUPERSESSSION**

DDD Policy 5.15  
Issued July 1, 2011

Approved:     /s/ Donald Clintzman      
Deputy Assistant Secretary  
Developmental Disabilities Administration

Date: July 1, 2013