

- c. Hyperextension (pushing or pulling limbs, joints, fingers, thumbs or neck beyond normal limits in any direction) or putting the person in significant risk of hyperextension;
- d. Joint or skin torsion (twisting/turning in opposite directions);
- e. Direct physical contact covering the face;
- f. Straddling or sitting on the torso;
- g. Excessive force (beyond resisting with like force); and
- h. Any maneuver that involves punching, hitting, poking or shoving the person.

2. **The following specific techniques are prohibited:**

- a. Arm or other joint locks (e.g., holding one or both arms behind back and applying pressure, pulling or lifting);
- b. Hand choke or choke hold;
- c. Sleeper hold or any maneuver that puts weight or pressure on any artery, or otherwise obstructs or restricts circulation;
- d. Wrestling holds, body throws or other martial arts techniques;
- e. Prone restraint (person lying on stomach);
- f. Supine restraint (person lying on back);
- g. Head hold where the head is used as a lever to control movement of other body parts;
- h. Any maneuver that forces the person to the floor on his/her knees, or hands and knees;
- i. Any technique which keeps the person off balance (such as shoving, tripping, pushing on the backs of the knees, pulling on the person's legs or arms, swinging or spinning the person around, etc.); and
- j. Any technique which restrains a person vertically against a wall or post.

G. Physical/Manual Interventions Which Are Permitted **Without** A Behavior Support Plan (BSP)

The following nonrestrictive physical/manual interventions are permitted. Interventions are listed in order from least intrusive to most intrusive. Note: These interventions may be used in boarding homes and adult family homes.

1. AVOIDING (eluding/escaping physical contact through the use of slides, stance, and arm/hand maneuvers without holding on to the body of the person);
2. DEFLECTING (using physical contact, such as step and guide maneuvers);
3. BLOCKING (obstructing or hindering using physical contact);
4. RELEASING (escaping a physical hold). This may involve holding on briefly to the person to release oneself and/or another persons; and
5. SUPPORTING AMBULATION (physically holding a person to steady or support them while walking to keep them from falling or slipping). This may involve the use of gait belts, specially designed belts, vests or clothing. Note: the person doing the supporting follows the lead of the person being supported. The person must be released when he or she no longer needs physical support.

H. Physical/Manual Restraints Which Are Permitted Only **With** A Behavior Support Plan (BSP)

The physical/manual interventions listed below are considered restrictive restraint interventions and must be incorporated in a BSP or an intervention strategy which is part of the person's Individual Instruction and Support Plan (IISP).

1. Hand, arm, and leg holds;
2. Standing holds;
3. Physically holding and moving a person who may be resisting;
4. Head holds (Note: physical control of the head is permitted only to interrupt biting or self-injury such as head banging);
5. Person seated on furniture and physically restrained by two persons sitting on either side; and

6. Person sitting on floor, being physically restrained by one or more persons.

I. Use of Physical/Manual Interventions During Medical and Dental Treatment

The use of permitted physical/manual interventions during medical and dental treatment is allowable if under the direction of a physician or dentist, consistent with standard medical/dental practices, and necessary to complete a medical or dental procedure. Efforts shall be made to familiarize the person with the medical/dental procedure so the least restrictive physical intervention is needed.

J. Emergency Use of Physical/Manual Interventions

1. "Emergency" means an extreme hazard or an unanticipated, unpredicted action by a person which puts the person or others at risk and jeopardizes the health and safety of the person or others (e.g., when a person is standing or sitting in the street, when a person is at immediate risk of danger from a fire, etc.).
2. Emergencies may occur in which a person's behavior may present an immediate risk to the health and safety of the person or other persons, or a significant threat to property. In such situations, physical/manual interventions which are normally permitted only with an approved BSP may be used for protective purposes. However, the least restrictive intervention which will provide adequate protection shall be used, and shall be terminated as soon as the need for protection is over.
3. In certain extreme emergency situations where a person or others cannot be kept safe from real harm except by interventions which are otherwise prohibited by this policy, it is permissible to use such interventions if reasonably necessary to protect the person or others. The least restrictive intervention must be used, and must be terminated as soon as the need for protection is over.
4. An incident report must be submitted to the DDD case manager or RHC superintendent or designee for each incident involving emergency use of restrictive physical interventions, in accordance with procedures for reporting incidents.
5. If a restrictive physical intervention is used on an emergency basis more than three (3) times within a six (6) month period, efforts must begin immediately to conduct a functional assessment which may result in development of intervention strategies and/or a BSP.

PROCEDURES

A. Documentation and Approval of Restrictive Physical Interventions

1. Prior to implementing restrictive physical interventions, the program shall provide documentation on the proposed intervention and approval for its use, according to the requirements set forth in DDD Policy 5.15, *Use of Restrictive Procedures*, Procedures section A.1. through A.9.
2. The person and/or their guardian shall be involved in discussions regarding the perceived need for physical intervention. The level of notification parents and/or guardians desire when physical interventions are used should also be determined at this time.

B. Implementation of Physical/Manual Interventions

1. All staff who use physical/manual interventions shall be trained in the use of such techniques according to the facility/program's policy and procedures, and prior to actual implementation. With all training on the use of physical interventions, staff shall also receive training in positive behavior support.
2. A trained individual shall be present whenever possible to supervise and observe during use of restrictive physical interventions. Designated staff shall receive training in observation and supervision of physical restraints (i.e., signs of duress, fatigue, etc.).
3. Each facility/program shall make provisions for a post-analysis (i.e., what could have been done differently) whenever restrictive physical interventions are implemented in emergencies or the frequency of use of the intervention is increasing. The person, staff and supervisor involved, and other team members shall participate, as appropriate.

C. Monitoring Restrictive Physical Interventions

Procedural requirements for monitoring restrictive physical interventions are set forth in DDD Policy 5.15, *Use of Restrictive Procedures*, Procedures sections B through E. These sections describe the requirements for the following:

1. Documentation of the use of interventions;
2. Completion and submission of incident reports;

3. Data monitoring and review; and
4. Restrictive intervention summaries.

NECESSARY COMPONENTS OF A PHYSICAL/MANUAL INTERVENTION TECHNIQUES SYSTEM

- A. A physical/manual intervention system is one that has been professionally developed or is specifically designed by and for the facility or program.
- B. Physical/manual intervention systems used by programs and facilities must include, at a minimum, these training components:
 1. Discussion of the need for positive behavior support;
 2. Techniques of communication which help a person calm down and resolve problems in a constructive manner;
 3. Techniques to prevent or avoid escalation of behavior prior to physical contact;
 4. Techniques for staff to use in response to their own feelings or expressions of fear, anger, aggression, etc.;
 5. Techniques for staff to use in response to the person's feelings of anger or aggression, etc.;
 6. Cautions that physical intervention techniques may not be modified except as necessary in consideration of individual disabilities, medical, health, and safety issues. Modification must be approved by an appropriate medical/health professional and the program's certified trainer;
 7. Evaluation of the safety of the physical environment at the time of the intervention;
 8. Issues of respect and dignity of the person;
 9. Use of the least restrictive physical interventions depending upon the situation;
 10. Clear presentation and identification of approved and prohibited physical intervention techniques;

not want to do, removes something the person owns or has earned, or applies aversive stimulation to a person.

SUPERSESSION

None.

Approved: /s/ Timothy R. Brown
 Acting Director, Division of Developmental Disabilities

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