

DIVISION OF DEVELOPMENTAL DISABILITIES Olympia, Washington

TITLE: PHYSICAL/MANUAL INTERVENTION TECHNIQUES POLICY 5.17

Authority: RCW 71A

BACKGROUND

It is the policy of the Division of Developmental Disabilities (DDD) to provide services and supports to people with disabilities in the least restrictive and least intrusive manner possible. DDD Policy 5.14, *Positive Behavior Support*, provides guidance and direction on supporting people in positive, helpful ways, and creating supportive environments that avoid the need for physical/manual restraint.

When a person's behavior presents a threat of injury to self or others, threatens significant damage to the property of others, or interferes with the rights of others, steps must be taken to protect the person, others, or property from harm.

Refer to DDD Policy 5.15, *Use of Restrictive Procedures*, for direction and additional guidance on the use of all restrictive procedures, including mechanical restraints.

SCOPE

This policy applies to all persons who provide services to people with developmental disabilities in state-operated and contracted residential programs/facilities and services provided by counties which are funded by DDD.

Certain physical/manual restraints or intervention techniques, permitted under this policy with a behavior support plan, are prohibited in long-term care facilities such as boarding homes and adult family homes. Administrators of such facilities should refer to Chapters 18.20 and 70.129 RCW.

PURPOSE

This policy describes which physical/manual interventions are allowed and which are prohibited, the circumstances under which the allowed interventions may be used, the requirements which must be met before they may be used, and the requirements for documenting and monitoring their use. Necessary components of a physical/manual intervention techniques system are described

POLICY

- A. Physical/manual interventions shall be used only as provided for in this policy and as described in DDD Policy 5.15, *Use of Restrictive Procedures*.
- B. Physical/manual interventions shall be used only when positive or less restrictive techniques or procedures have been tried and are determined to be insufficient to ensure the protection of the person or others, rights of others, or significant damage to property, or as provided for in Section J. of this policy.
- C. Physical/manual interventions 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 intervention needed to adequately protect the person, others, or significant property shall be used, and physical/manual intervention shall be terminated as soon as the need for protection is over.
- E. <u>Restrictive</u> physical/manual interventions may only be used concurrent with behavior support plans, except in the case of an emergency or unknown, unpredicted response from a person where his or her safety or that of others is jeopardized.
- F. Physical/Manual Interventions Which Are Prohibited
 - 1. All physical/manual interventions which involve any of the following <u>elements</u> are prohibited:
 - a. Pain and pressure points (whether for brief or extended periods);
 - b. Obstruction of airway and/or excessive pressure on chest, lungs, sternum, and diaphragm;

- 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. <u>Direct physical contact covering the face</u>;
- 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 <u>techniques</u> 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 <u>forces</u> 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
- i. 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 <u>briefly</u> 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. <u>Use of Physical/Manual Interventions During Medical and Dental Treatment</u>

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. <u>Documentation and Approval of Restrictive Physical Interventions</u>

- 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. <u>Implementation of Physical/Manual Interventions</u>

- 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. <u>Monitoring Restrictive Physical Interventions</u>

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;

- 11. Discussion of the need to release persons from physical restraint as soon as possible;
- 12. Instruction on how to support physical intervention as an observer, recognizing signs of distress by the person and fatigue by the staff; and
- 13. Discussion of the importance of complete and accurate documentation.
- C. Individuals receiving physical intervention techniques training shall complete the course of instruction and demonstrate competency before being authorized to use the techniques with clients.
- D. Re-training in positive behavior support and physical intervention techniques shall occur no less than once each year.

EXCEPTIONS TO POLICY

Any exceptions to this policy must be reviewed and approved in writing by the DDD regional administrator within seven (7) working days. In those instances where a seven-day decision is not in the best interests of the person, a plan detailing the actions and timelines necessary to reach the decision will be provided by the regional administrator to the division director for approval. Decisions made by the regional administrator are appealable to the division director.

DEFINITIONS

- "Long-term care facilities" means adult family homes, boarding homes or any other facility licensed or required to be licensed under Chapter 18.20 and 70.128 RCW.
- "Mechanical restraint" means applying a device or object to the person's body which restricts free movement.
- "Physical/manual restraint" means physically holding or restraining a person in a way which restricts the person's free movement.
- "Physical/manual intervention" means the use of a manual technique (e.g., holding) intended to interrupt or stop a behavior from occurring. Physical/manual intervention includes using physical/manual restraint to release or escape from a dangerous or potentially dangerous situation.
- "Restrictive procedure" means a procedure which restricts a person's freedom of movement, restricts access to personal property, or requires a person to do something which he or she does

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SUPERSES	SSION	
None.		
Approved:	/s/ Timothy R. Brown Date:	7/24/97
	Acting Director, Division of Developmental Disabilities	