

**WOODWARD RESOURCE CENTER  
POLICY MANUAL**

<b>SECTION: CLIENT LIVING, TRAINING AND SERVICES</b>	<b>POLICY # 4.4</b>
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<b>SUBJECT: RESTRAINT POLICY</b>	<b>DATE:10/29/07</b>
<b>TRANSMITTAL #: 77</b>	
<i>Relates to Statute/DHS Policy:</i>	
<i>Relates to ICF/MR Standard: 483.420; 483.440; 483.450</i>	

**I. OVERVIEW**

- A. WRC shall provide individuals with a safe and humane environment. Restraint is only to be used to protect an individual and others from injury after active treatment and less restrictive measures have been considered or attempted and determined to be insufficient to ensure the safety of the individual and others. The purpose of this policy is to ensure that any type of restraint technique is used only when necessary for protecting a person from harming self and/or others and it is used in the safest manner possible.
- B. Restraint shall be used only in situations where there is imminent risk of harm to the individual or others. The decision on whether to use restraints or not must be made by weighing the risk for serious injury to the person and/or others with the risk of using the restraint device/technique on the person.
- C. A person must be released from restraints as soon as it is safe to do so.
- D. The least restrictive technique appropriate to the circumstances will be considered before any more restrictive technique is used. The hierarchy of intervention from the least restrictive to the most restrictive is as follows: A) nonphysical techniques; B) physical techniques; C) physical restraint techniques; D) mechanical restraints; E) chemical restraints. Any modifications to this order based on experience with the person must be explained in the emergency restraint order or restraint program. Safety risks are present at any level of restrictiveness.
- E. Restraint is not to be used as punishment, or as a substitute for treatment, training, or habilitation programs.
- F. Restraint is not to be used for convenience of staff.
- G. All people involved in any type of restraint will be treated with dignity and respect.
- H. Any type of restraint is an individualized short-term protective measure to be eliminated as soon as possible.
- I. Mandt instructors are available to consult on alternative ways to assist in de-escalating a situation to prevent the use of restraint.
- J. The following limitations/prohibitions apply to all restraint situations:
1. Any type of restraint in a prone (face down) position is prohibited
  2. Physical floor restraint in both a prone (face down) or supine (face up) position is prohibited. A floor restraint in an upright sitting position is permitted.
  3. The combined use of mechanical and physical restraints together is prohibited except during the application of mechanical restraints.

4. The use of any head or neck physical restraint procedure is prohibited.

K. All ICF/MR regulations concerning restraint usage will be followed.

L. All use of restraint will follow the procedures below

## II. DEFINITIONS

A. **TYPES OF RESTRAINTS:** The several types of restraints that may be used are as follows:

1. **Physical Restraint** – Physical restraint is any approved manual method that restricts freedom of movement or normal access to one’s body, contingent on maladaptive behavior. Physical restraint does not include brief, limited, and isolated use of: 1) physical guidance and/or prompting techniques that are used to redirect a person or assist, support, or protect the person during a functional therapeutic or physical exercise activity; 2) response blocking and brief redirection used to interrupt a person’s limbs or body without the use of force so that the occurrence of maladaptive behavior is prevented; 3) holding, without the use of pressure or force, to calm or comfort, or hand holding to escort from one area to another; and 4) response interruption used to interrupt a person’s behavior using approved techniques.

2. **Mechanical Restraint** – Mechanical restraint means any device attached or adjacent to a person’s body that he or she cannot easily remove that restricts freedom of movement or normal access to his or her body. The term does not include mechanical supports used to achieve functional body position or proper balance.

3. **Chemical Restraint** – Chemical restraint means any drug that: 1) is administered to manage a person’s behavior in a way that reduces the safety risk to the person or others; 2) has the temporary effect of restricting the person’s freedom of movement; and 3) is not a standard treatment for the person’s medical or psychiatric condition.

4. **Medical Restraint** – Medical restraint is a health-related protection prescribed by a physician only when necessary during the conduct of a specific medical procedure, including, but not limited to, dental procedure, or only if necessary for protection during the time that a medical condition exists, to prevent a person from inhibiting or undoing medical treatment. Restraint does not include methods pursuant to written physician or dentist orders for maintaining position, or temporarily stabilizing a person for medical, dental, or diagnostic procedures.

## B. TYPES OF APPLICATION

1. **PROGRAMMATIC USE OF RESTRAINT** is defined as the use of restraint as part of a written Behavior Support Plan (BSP) and requires approval by the Interdisciplinary Team (IDT). Programmatic use of Restraint is used to protect a person from harming him/herself and/or others and only when other less restrictive interventions to ensure the safety of everyone involved have been considered or attempted. Programmatic Restraint may only be used in a situation

in which there is imminent risk of harm to the individual or others. All steps in the BSP, and less restrictive approaches in the Crisis Intervention Plan, should be followed before restraint is considered. Programmatic Use of Restraint is **not** used as part of a program to change behavior; instead, it is a description of the individualized procedures to be used if restraint is required.

2. **EMERGENCY USE OF RESTRAINT** is defined as the use of restraint: a) as an immediate response to an emergency safety situation that places the individual or others at imminent and serious threat of violence or injury if no intervention occurs; b) only after less restrictive measures have been determined to be ineffective or not feasible; c) when the restraint is not part of a written ISP or when the restraint is not a part of written and documented medical restraint. Emergency Restraint may only be used in an emergency situation in which there is imminent risk of harm to the individual or others.

### **III. PROCEDURES—Key Points**

- A. The following procedures deal individually with each type of restraint. Definitions and guidance for use are specified for each. Restraint shall be applied to afford persons the maximum degree of privacy possible consistent with safety concerns and type of restraint device. For any use of procedures requiring consent, follow the Informed Consent Policy, 3.3.
- B. WRC staff are responsible for the safety of the individual from the moment application of restraints is begun. Staff must assess the person's medical and physical condition before applying restraint.
- C. For every restraint use situation, the goal is to have a supervisor and a nurse be present within 10 minutes from the start of the restraint procedure. Within 15 minutes from the start of the restraint procedure, a supervisor must check the person to review the application and consequence of the restraint. A physician, physician's assistant, nurse practitioner, or a Registered Nurse with training in application and assessment of restraint, shall conduct and document a face-to-face examination of a person within 30 minutes after the person is placed in restraint. (If a restraint occurs off-campus the nurse will complete an assessment of the person as soon as possible upon return)
- D. A nurse or licensed health care professional shall monitor and document vital signs, respiration, circulation and mental status of a person in restraints at least every 30 minutes from the beginning of application of restraint, except for medical restraint monitored as stated in a physician's order.
- E. Restraints shall be designed/constructed and applied so as not to cause physical injury to the person, and to cause the least possible discomfort to the person.
- F. At admission and at each quarterly and annual medical review, a physician will assess each individual to determine the person's ability to tolerate restraint procedures. The physician will place a statement in the person's IPR that addresses the person's ability to tolerate restraint procedures. This statement will address any medical problem(s), or physical limitation(s) that must be considered in a possible restraint device situation. If there are no problems or limitations, this must be stated. This conditional statement will be reviewed and restated quarterly by the physician as part of each IPR medical review (Physician Orders). When using a restraint for a medical reason, the

attending physician has the authority to override these limitations when he/she determines the immediate circumstances requiring the protection of the medical condition or intervention warrant the change. The order to override must be written on the Physician Order sheet.

G. At admission and annually, a psychologist will assess each individual to determine any psychological or emotional contraindications to the use of restraint (such as history of sexual abuse or posttraumatic stress disorder). A statement will be placed in the person's IPR addressing any issues that must be considered in a possible restraint situation. If there are no problems or limitations, this must be stated.

## IV. PROCEDURES

### A. PROGRAMMATIC RESTRAINTS

#### 1. PROGRAM DEVELOPMENT AND APPROVAL

a) Behavior Support Plans utilizing programmatic restraint for crisis intervention must be approved prior to implementation by the IDT including the physician, the Treatment Program Manager (TPM), Treatment Program Administrator (TPA), and Human Rights Committee (HRC). Informed consent of parent/guardian or other responsible person will be obtained prior to programmatic use of the restraint.

b) Each BSP employing restraint for crisis intervention shall be written according to the approved Behavior Support Plan format. The BSP must clearly state that restraint is to be used only for crisis intervention after other steps in the BSP have been followed, when the person or others are in imminent and serious threat of violence or injury if no intervention occurs, and less restrictive measures have been considered or attempted and determined to be insufficient or not feasible to ensure the safety of the individual and others.

c) Programmatic restraint devices shall be applied for not more than 60 minutes or the lesser maximum specified in the program. **Regardless of the maximum stated in the program, a person must be released from restraints as soon as the person no longer represents an imminent danger to self or others.** Restraint may not be applied continuously for more than one hour and fifty minutes (110 minutes) without a ten-minute release. The maximum length of time the person can be in restraint (combined physical and mechanical) in a 24-hour period is three hours and thirty minutes (210 minutes).

d) A person in mechanical or physical restraint, other than medical restraint, shall be under continuous one-to-one supervision.

- o When restraint is being applied, a person will serve as an observer. The observer will take the lead in monitoring safety of those involved. An exception may occur if the restraint occurs in a 1:1 situation or requires all staff members present to participate in the restraint due to imminent and serious threat of violence or injury if no intervention occurs. In this situation one person is

required to step out as a participant and serve as observer as soon as it is possible in order to ensure the safety of all involved.

- o Continuous supervision means having uninterrupted visual and auditory contact during the entire period that the person is in the restraints. Auditory contact means being close enough to hear respiratory distress, vomiting, or other physical distress. Staff must be within an arm length of person in the 2-point waist restraint.
- e) A person in restraint shall be provided a documented opportunity to eat at regular meal times or as near such time as possible.
- f) A person in restraint shall be provided the opportunity to drink fluids and use a toilet (or bedpan depending on the individual's needs) as necessitated by the individual's needs, but not less than every two hours.
- g) As appropriate, any special instructions for a possible restraint situation noted by the physician will be written as part of the restraint authorization or program by the person writing the authorization or program.
- h) Prior to, or as soon as possible following, initiation of restraint, the TPM must be notified. The TPA must be notified on the next working day.

## **2. REAUTHORIZATION**

- a) An extension request for programmatic restraint may only be authorized by the TPA or Superintendent based on information provided by an RTS or TPM. No extension request will be approved for a period greater than in the original programmatic restraint order.
  - (1) In all cases where the reauthorization is given by telephone, the authorizing person will sign the reauthorization at the soonest possible opportunity, but no later than the person's next working day.
- b) At the time of the reauthorization, complete an event log entry in IPR documenting the following:
  - o date and time of order;
  - o specific reason for restraint;
  - o review of the results of less restrictive measures that have been tried or considered;
  - o form of restraint;
  - o time limit for restraint;
  - o conditions for release;
  - o specific interval for visual checks of the person which includes skin condition and circulation checks;
  - o specific interval for visual and/or auditory checks of the person to monitor conditions for release;
  - o reapplication within original reauthorization; and

- name and title of person issuing the reauthorization.

### 3. CONTINUED REAUTHORIZATION

- a) When it becomes necessary to reauthorize restraint after the stated time limit, the full reauthorization extension does not have to be rewritten if it meets these three criteria:
  - (1) There is no change in any of the following: specific reason for restraint, time limit of restraint, conditions for release or name and title of person issuing the original reauthorization;
  - (2) The reauthorization extension must be entered in the event log of IPR. The reauthorization must be written in full. When it becomes necessary to start a new progress note sheet, the reauthorization must be written in full the first time;
  - (3) The reauthorization extension of a restraint must indicate that person's condition has been reviewed and that the restraint (referred to by date and time) has been reauthorized exactly as stated. The reauthorization may be written as follows: "Review of (person's name) condition required a repeat of restraint authorization at (time and date)."
- b) At the end of one hour and fifty minutes (110 minutes) of restraint, the person **must be released** from restraint. Restraint may not be reapplied for 10 minutes and must be authorized as a new restraint meeting all criteria and procedures for initiating restraint.
- c) The maximum length of time the person can be in restraint (combined physical and mechanical) in a 24-hour period is three hours and thirty minutes (210 minutes). We recognize that in an extreme situation it may become necessary to go beyond this limit but the following steps and authorizations would be required:
  - (1) If a person were in restraints for three hours, but less than three hours and thirty minutes within a 24 hour period a Registered Nurse and a physician with training in application and assessment of restraint, shall conduct and document a face-to-face examination of the person to determine whether or not restraint going beyond three hours and thirty minutes (if necessary) would be medically contraindicated.
  - (2) If there is a decision that it may be necessary to extend restraint beyond three hours and thirty minutes in a 24-hour period and is not medically contraindicated authorization will be obtained from the Superintendent or designee prior to total restraint time exceeding three hours and thirty minutes.

### 4. DATA RECORDING

- a) Each instance of programmatic restraint will be recorded immediately on the Restraint Documentation and Initial Debriefing Report. Instances of restraint occurring at locations other than the house

are to be immediately recorded on Restraint Documentation and Initial Debriefing Report, which are to be sent to the house the same day of occurrence.

## 5. DATA REVIEW

- a) Each use of restraint, other than medical restraint, shall be reviewed and the circumstances under which such restraint was used will be ascertained. An initial debriefing review shall take place including the staff involved and the person restrained, when possible, as soon as practical following release from restraint and recorded during the IDT review. An IDT review shall take place within three business days of the start of each instance of restraint. Behavior support plans shall be revised, as appropriate. The review will include input from the staff involved and appropriate members of the IDT.
- b) an immediate clinical review shall be conducted by the end of the next working day from any restraint equal to or greater than three hours and thirty minutes in a 24 hour period.

## B. EMERGENCY RESTRAINTS

### 1. AUTHORIZATION

- a) Restraint may only be applied when the person or others are in imminent and serious threat of violence or injury if no intervention occurs and less restrictive measures have been determined insufficient or not feasible to ensure the safety of the individual and others. In that case the staff person directly responsible for the person may employ restraints immediately, unless medical, physical, or psychological issues restrict the use of restraint.
- b) All emergency restraint requests require authorization by the TPA or Superintendent based on information provided by an RTS or TPM. If the authorization is given by telephone, the authorizing person will sign the authorization at the soonest possible opportunity, but no later than the person's next working day.
- c) **Regardless of the maximum authorization times stated below, a person must be released from restraints as soon as the person no longer represents an imminent danger to self or others.** Restraint may not be applied continuously for more than one hour and fifty minutes without a ten-minute release.
- d) Maximum authorization time for emergency use of MECHANICAL restraints is limited to no longer than 30 continuous minutes.
- e) Maximum authorization time for emergency use of PHYSICAL restraints is limited to no longer than 15 minutes.
- f) At the time of the authorization, complete an event log entry in IPR documenting the following:
  - o Date and time of order;
  - o Specific reason for restraint device;

- Review of the results of less restrictive measures that have been tried or considered;
  - Form of restraint device;
  - Time limit for restraint device;
  - Conditions for release;
  - Specific interval for visual checks of the person which include skin condition and circulation checks;
  - Specific interval for visual and/or auditory check of the person to monitor conditions for release;
  - Reapplication within original authorization; and,
  - name and title of person issuing the authorization.
- g) A person in mechanical or physical restraint, other than medical restraint, shall be under continuous one-to-one supervision.
- (1) When restraint is being applied, a person will serve as an observer. The observer will take the lead in monitoring safety of those involved.
- (2) Continuous supervision means having uninterrupted visual and auditory contact during the entire period that the person is in the restraints. Auditory contact means being close enough to hear respiratory distress, vomiting, or other physical distress. Staff must be within an arm length of person in the 2-point waist restraint.
- h) A person in restraint shall be provided a documented opportunity to eat at regular meal times or as near such time as possible.
- i) A person in restraint shall be provided the opportunity to drink fluids and use a toilet (or bedpan depending on the individual's needs) as necessitated by the individual's needs, but not less than every two hours
- j) As appropriate, any special instructions for a possible restraint situation noted by the physician will be written as part of the restraint authorization or program by the person writing the authorization program.

## 2. REAUTHORIZATION

- a) Emergency Restraint Reauthorization: In no case shall initial authorization for restraint be enforced for longer than 30 consecutive minutes for mechanical restraints and 15 consecutive minutes for physical restraints. Reauthorization extending beyond the initial 30/15 minutes shall only be issued by TPA or Superintendent based on information provided by an RTS or TPM. Reauthorization must be documented in the event log of IPR, and will include type of restraint, reason for restraint, and circumstances. PRN authorizations for restraints shall not be issued.
- b) At the end of one hour and fifty minutes (110 minutes) of restraint, the person **must be released** from restraint. Restraint may not be reapplied for 10 minutes and must be authorized as a new restraint meeting all criteria and procedures for initiating restraint.

c) The maximum length of time the person can be in restraint (combined physical and mechanical) in a 24-hour period of time is three hours and thirty minutes (210 minutes). We recognize that in an extreme situation it may become necessary to go beyond this limit but the following steps and authorization would be required:

(1) The maximum length of time the person can be in restraint in a 24-hour period is three hours. We recognize that in an extreme situation it may become necessary to go beyond this limit but the following authorizations would be required: If a person were in restraints for three hours, but less than three hours and thirty minutes, within a 24 hour period a Registered Nurse and a physician with training in application and assessment of restraint, shall conduct and document a face-to-face examination of the person to determine whether or not restraint going beyond three hours and thirty minutes (if necessary) would be medically contraindicated.

(2) If there is a decision that it may be necessary to extend restraint beyond three hours and thirty minutes in a 24-hour period and is not medically contraindicated authorization will be obtained from the Superintendent or designee prior to total restraint time exceeding three hours and thirty minutes.

d) When it becomes necessary to reauthorize restraint after the stated time limit, the full authorization does not have to be rewritten if it meets these three criteria:

(1) There is no change in any of the following: specific reason for restraint, time limit of restraint, conditions for release or name and title of person issuing the authorization;

(2) The authorization must be entered in the event log of IPR. The authorization must be written in full. When it becomes necessary to start a new progress note sheet, the authorization must be written in full the first time; and

(3) The authorization of a restraint/behavioral device must indicate that person's condition has been reviewed and the restraint authorization (referred to by date and time) has been authorized exactly as stated. The authorization may be written as follows: "Review of (person's name) condition required a repeat of restraint at (time and date).

### **3. DATA RECORDING**

a) Each instance of emergency restraint will be recorded immediately on the Restraint Documentation and Initial Debriefing Report. Instances of restraint occurring at locations other than the house are to be immediately recorded on Restraint Documentation and Initial Debriefing Report, which is to be sent to the house the same day of occurrence.

### **4. DATA REVIEW**

a) Each use of restraint other than medical restraint shall be reviewed and the circumstances under which such restraint was used will be

ascertained. An initial debriefing review shall take place including the staff involved and the person restrained, when possible, as soon as practical following release from restraint and recorded during the IDT review. An IDT review shall take place within three business days of the start of each instance of restraint, other than medical restraint. Behavior support plans shall be revised, as appropriate. The review will include input from the staff involved and appropriate members of the IDT.

b) an immediate clinical review shall be conducted by the end of the next working day from any restraint equal to or greater than three hours and thirty minutes in a 24 hour period.

## C. RESTRAINTS USED FOR MEDICAL REASONS

### 1. CONSENTS

- a) Medical restraint is to be used only where necessary during the conduct of a medical (including dental) procedure or for protection during the time a medical condition exists. Use of restraint is to be minimized to the degree possible as determined by the physician.
- b) All mechanical restraints used for medical reasons must be approved by the parent/guardian and ordered by the physician or dentist. In emergency cases where the consent of the parent/guardian cannot be obtained prior to the emergency procedure, the parent/guardian must be notified as soon after the use of the mechanical restraints as possible. In cases where the order is given by telephone, the physician or dentist will sign the order at the soonest possible opportunity. However, procedures used to maintain position or temporarily stabilize the body for medical, dental, or diagnostic procedures are not considered restraint and may be utilized by health care professionals but must be documented.

### 2. AUTHORIZATION

- a) All orders for restraints will be entered on the pink Physician Order sheets and will include:
- date and time of order;
  - specific reason for restraint;
  - review of less restrictive measures that have been tried or considered;
  - form of restraint and any adaptations necessary;
  - time limit for restraint;
  - conditions for release;
  - specific interval for visual checks of the person which include skin condition and circulation checks;
  - specific interval for visual and/or auditory checks of the person to monitor conditions for release;
  - reapplication within original order; and
  - name and title of person issuing the order.
- b) The specific authorization and re-authorization time limits to use or extend usage of mechanical restraint does not apply to health related protection, except that no restraint authorization may exceed 7 days.

Restraint required for healing requires reauthorization at least every 7 days. The nurse will document need for continuing restraint and will notify the physician. The physician will examine the individual at least once during each 7-day restraint period to determine the appropriateness of ordering an extension of the restraint and may order the extension if needed. Extension of the restraint beyond 30 days requires authorization by the Medical Director with notice to the Superintendent; reauthorization will be required every 30 days

c) Medical restraint is to be minimized to the degree possible as determined by the physician specific to the medical condition or medical procedure. In such situations, medical restraint may be re-applied for protection purposes each time the individual: (a) attempts to inhibit or undo the medical treatment or procedure, or (b) engages in behavior which has the effect of inhibiting or undoing the medical treatment or procedure as long as it is specified in the conditions of the original order and within the time frame of the original order.

d) The physician or dentist will order monitoring as appropriate.

e) The physician will specify limitations on motion and exercise in the medical order.

f) A person in restraint shall be provided a documented opportunity to eat at regular meal times or as near such time as possible.

g) A person in restraint shall be provided the opportunity to drink fluids and use a toilet (or bedpan depending on the individual's needs) as necessitated by the individual's needs, but not less than every two hours.

### **3. DATA RECORDING**

a) Each instance of restraint use for medical reasons will be recorded immediately on the Restraint Documentation and Initial Debriefing Report. Instances of restraint occurring at locations other than the house are to be immediately recorded on Restraint Documentation and Initial Debriefing Report, which is to be sent to the house the same day of occurrence.

## **D. CHEMICAL RESTRAINTS**

### **1. PROGRAM DEVELOPMENT**

a) Chemical Restraint shall be used only as an emergency measure for situations where failure to use the chemical restraint would put the person or others at serious risk of physical harm.

### **2. MONITORING**

a) A nurse will observe for a minimum of 60 minutes following administration of a chemical restraint and will document the individual's response and notify a physician of adverse effects; and

b) A medical observer (physician or nurse) will be present at all concurrent uses of chemical and physical restraint or mechanical restraint and will continuously observe the individual's response until the mechanical or physical restraint can be withdrawn. The use of chemical restraint will be considered concurrent if the medication is given at the same time or within one hour prior to the physical or mechanical restraint.

c) A physician, physician's assistant, nurse practitioner, or a Registered Nurse with training in the administration and assessment of chemical restraint shall conduct and document a face-to-face examination of an individual within 30 minutes after the individual is administered a chemical restraint. A physician shall conduct a face-to-face assessment within 24 hours. The psychiatrist shall assess the effects of the chemical restraint by reviewing the use of the chemical restraint on the psychiatrist's next working day.

### **3. AUTHORIZATION**

a) The need for a chemical restraint will be agreed upon by the TPM or RTS, TPA or Superintendent, a nurse and psychiatrist or other physician, before the order is given.

(1) When the use of a chemical restraint is proposed, a nurse will review the record concerning allergies, adverse events, or ineffectiveness of previously used chemical restraints.

(2) If the use of a chemical restraint is not contraindicated, the nurse will notify the TPM or RTS. The TPM or RTS will discuss the need for chemical restraint with a TPA or the Superintendent. If there is a decision to use chemical restraint, the TPA or Superintendent will authorize the nurse to call the psychiatrist or other physician. The psychiatrist or other physician will determine whether to order a chemical restraint.

b) The physician's order for medication to chemically restrain a person will be written on the pink Physician Orders Sheet and must specify:

- Date and time of order;
- Specific reason for restraint;
- Name and title of person issuing the order.

### **4. DATA RECORDING**

a) Each instance of chemical restraint for behavioral reasons will be recorded immediately on the Chemical Restraint Report. Instances of chemical restraint occurring at locations other than the house are to be recorded on the Chemical Restraint Report and recorded the same day of occurrence.

### **5. DATA REVIEW**

a) Every instance of chemical restraint shall be reported and reviewed monthly by the Medical Director, Director of Program Services, TPA, and TPM. In addition to the review by the psychiatrist, each use of

chemical restraint shall be reviewed and the circumstances under which such restraint was used will be ascertained. The review shall take place within three business days of the start of each instance of chemical restraint. Behavior support plans shall be revised as appropriate. The review will include input from the staff involved and appropriate members of the IDT.

## **V. ORDERING, CONSTRUCTION, AND MODIFICATIONS OF MECHANICAL RESTRAINT**

### **A. MECHANICAL RESTRAINT**

1. Lists will be maintained by the Director of Program Services of each specific restraint. The name of the person for whom it was approved will be maintained for specialized individual restraints only.
2. Each new device (not appearing on the approved lists) or modification to an approved device or combination of devices, must go through the following approval procedures:
  - a) The request will be in written form and containing the following:
    - (1) Detailed description of the device; and
    - (2) Copy of the current/proposed program or justification for the use of the proposed device including results of prior programs and devices.
  - b) The written request shall be sent first to the TPA, then to the Director of Program Services, then to the Restraint Instructor and the HRC Chairperson or their designees for approvals and signatures; and
  - c) If approved, the signed request will be returned to the requester who will then order the restraint by sending a copy of the signed request to the appropriate department.
3. If a mechanical restraint or a combination of restraints needs to be
  - a) ordered, modified, or constructed immediately to protect a person from harm, the procedures are as follows:
  - b) The requester will contact the Director of Program Services and the HRC Chairperson and verbally request approval to proceed. In their absence, verbal approval from the Superintendent will be obtained;
  - c) Upon completion of construction and application of the device(s) enter an event log in IPR by the requestor with a description of the restraint(s) and that verbal approval was obtained and from whom;
  - d) The requestor shall initiate a memo to the Superintendent, Director of Program Services, HRC Chairperson, TPA, TPM, Social Worker, Director of Integrated Services, Medical Director, and others as deemed necessary;
  - e) The requestor shall then initiate the procedures as outlines in 7.1.2 and 7.1.4.
  - f) The IDT will meet within three working days to debrief and determine the future course of action;

g) If restraints are deemed programmatic, a program will be developed. HRC and guardian consent must be obtained prior to program implementation.

4. The approval procedures to use the new or modified device or a combination of devices are as follows:

a) After the new/modified device or combination of devices is completed, the Director of Program Services, Medical Director, TPA, TPM, Restraint Instructor, and the HRC Chairperson or their designee(s), and the requester will examine the device;

b) The Director of Program Services, HRC Chairperson, or their designee(s), and the requester will have the new modified device applied to them; and

c) If approved for use by all parties, the new/modified device will be added to the approved list with the date it was approved.

Approved by:

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Michael J. Davis, Superintendent

Date: 10/29/07