

## **APPENDIX P**

### **RESTRAINTS AND PROTECTIVE EQUIPMENT**

- 1) Staff should be aware of proactive and reactive strategies for recognizing, preventing, and minimizing the intensity and risk factors presented by an individual's behavior.
- 2) Staff should be aware of proactive and reactive strategies and other procedures which may be located in the Independent Support Plan, the agency General Crisis Plan, the Crisis Prevention Plan, a Behavior Support Plan, or a Behavior Maintenance Plan as applicable.
- 3) If specific proactive and reactive strategies are in place, the direct support professionals shall follow these procedures with the intent of preventing a difficult situation that may become a dangerous situation.
- 4) Emergency procedures may be considered for individuals who are continuously presenting a high risk of danger to self and others and for which the prescribed proactive and reactive strategies are not effectively protecting the person or others.
- 5) Also, in unusual circumstances, an individual who does not have a pattern of behavior incidents may unexpectedly carry out high risk behaviors that present an imminent danger to self and others.
- 6) Emergency procedures may be necessary to protect the person or others.
- 7) If an emergency situation places the individual and/or others in imminent danger of harm and no alternative strategies have been successful in reducing the danger, the provider agency staff may have no other alternative but to apply emergency procedures to immediately manage the situation. These emergency procedures are emergency manual restraint, emergency mechanical restraint, and emergency protective equipment.
  - a. Where possible, the staff should contact the provider agency director, behavior service provider, or designee when behaviors are escalating, to discuss the behavior issues, any alternative measures, and the possible use of emergency procedures.
  - b. If emergency manual restraint, emergency mechanical restraint, or emergency protective equipment is used, the provider agency director or designee, the behavior service provider, and any other staff designated by the agency shall be immediately contacted to:

- i. Review the current situation; and
  - ii. Authorize the continued use of emergency manual restraint, emergency mechanical restraint, or emergency protective equipment; or
  - iii. To not authorize the continuation of the emergency procedure and to instruct staff to stop the procedure; or
  - iv. To provide alternative instructions to staff.
- c. Authorization for emergency manual or emergency mechanical restraint shall be required for each emergency use.
- d. Authorization for protective equipment may be for any specified time period appropriate to the individual circumstance but shall not exceed 24 hours.
- e. If there is an authorization for the emergency procedures, the provider agency director or designee, with the assistance of other professionals as needed, shall specify the criteria for release from restraint or protective equipment and the maximum duration of continuous application.
- f. The provider agency director or designee must ensure that staff are capable of correctly applying the emergency manual restraint, emergency mechanical restraint, or the emergency protective equipment.
- g. Emergency use of manual restraint, mechanical restraint, or protective equipment constitutes a reportable incident, and must comply with procedures detailed in the Provider Manual.
- h. The independent support coordinator shall be notified of each use of emergency manual restraint, emergency mechanical restraint, or emergency protective equipment within one working day. The independent support coordinator shall coordinate any needed actions.
- i. The agency Incident Review Committee shall review all uses of restraint or protective equipment according to the procedures detailed in the Provider Manual.

### **Programmatic Use of Restraint or Protective Equipment**

- 1) The behavior analyst assesses the level of behavior need and risk factors, and completes additional assessments to determine the intervention approach to achieve a behavior change objective.
  - a) The behavior analyst consults with the planning team regarding his or her assessments and recommendations.
  - b) If the programmatic use of manual restraint, mechanical restraint, or protective equipment is viewed as a necessary component of the least restrictive, most effective behavioral intervention, and the benefits of incorporating this intervention outweighs the risks, a behavior support plan is developed by the behavior analyst or a behavior analyst in conjunction with a behavior specialist. The behavior analyst shall retain total responsibility for the Behavior Support Plan.

- 2) The behavior analyst must include a description of the step-by-step procedures for applying and monitoring restraint or protective equipment (including release criteria and maximum duration) and identification of persons who may authorize the application of restraint or protective equipment in the Behavior Support Plan. The plan must include specific procedures to develop alternative replacement behaviors that will facilitate the phasing out of the manual restraint, mechanical restraint, or protective equipment.
- 3) The behavior analyst shall present the Behavior Support Plan to the planning team and receive input.
- 4) The individual, if competent, or the guardian/conservator must give informed consent for the Behavior Support Plan.
- 5) The behavior analyst must present the plan to a properly constituted Behavior Support Committee and a Human Rights Committee for review and approval prior to implementation.
  - a) Evidence of the planning team's input and acceptance of the plan should accompany the copy of the plan submitted to the Committees.
  - b) A copy of the informed consent should also be attached to the plan submitted to the Committees.
- 6) Upon receipt of approval by the Committees, the behavior analyst determines the minimal number of staff that need to be trained to adequately carry out the plan and authorizes a trainer who can train staff on the program.
  - a) If a behavior specialist is available, a behavior specialist may be authorized to provide training.
  - b) If no staff is appropriate to be authorized trainers, the behavior analyst will carry out the training of staff to implement the plan.
  - c) Only staff who have been trained to implement the Behavior Support Plan, including the use and application of manual restraint, mechanical restraint, or protective equipment may use these procedures.
- 7) Programmatic use of restraint or protective equipment constitutes a reportable incident, and must adhere to the current DMRS policies regarding reportable incidents.
- 8) The independent support coordinator shall be notified of each use of manual restraint, mechanical restraint, or protective equipment within one working day. The independent support coordinator shall coordinate any needed actions.

- 9) The agency Incident Review Committee shall review all uses of restraint or protective equipment according to the procedures detailed in the Provider Manual.
- 10) The behavior analyst shall be responsible for analyzing progress monthly and incorporating that information into the service note. If there are service objectives for a behavior specialist, the behavior specialist shall also complete a service note.
  - a) The analysis shall include the result of on-site monitoring at least twice a month.
  - b) The on-site monitoring may be completed by a behavior specialist, if available.
  - c) This on-site monitoring shall include:
    - i. Review of documentation for the plan;
    - ii. Review of the condition of any equipment;
    - iii. Review of the availability of trained staff to implement the Behavior Support Plan;
    - iv. Training of new staff or the retraining of staff, as needed;
    - v. Information from direct support staff concerning the person's response to the Behavior Support Plan; and
    - vi. Information from the individual about the plan.
  - d) Copies of the review shall be provided to the ISC and the Regional Office Behavior Analyst Director as part of the service note. The ISC shall share this information with the planning team, the individual, the family, and the guardian/conservator, as applicable.
- 11) Every 90 days following approval of the plan, the behavior analyst presents information on the progress toward the behavior objectives to the Behavior Support Committee and the Human Rights Committee. Each committee reviews the analysis and makes a determination as to whether the benefits of the manual restraint, mechanical restraint, or protective equipment procedures appears to outweigh the risks and if it is acceptable to continue programmatic use of the procedures.

### **Application of Restraint**

- 1) Staff applying emergency manual or mechanical restraint shall be trained in the use and application of restraint.
  - a) The agency may designate staff who may carry out this training.
  - b) The provider agency should set up a mechanism for having the training completed, documenting staff competency, and for retraining as needed.
  - c) If needed, technical consultation can be requested from the behavior analyst or behavior specialist.

- 2) If the manual or mechanical restraint is part of a Behavior Support Plan, the behavior analyst is responsible for authorizing those who can train staff. If a behavior specialist is available, the behavior specialist can be authorized to train other authorized trainers and to train staff as needed. If there is no one who can be authorized to train staff, the behavior analyst will be responsible for the training.
- 3) If a mechanical restraint device(s) is used, the person applying such a device(s) must inspect and document that the device is in good repair and is free from tears or protrusions that may cause injury.
- 4) A person placed in restraint shall be continuously observed for signs and symptoms of adverse effects on his or her health and well being.
- 5) A designated person, other than the person(s) implementing the restraint procedures (e.g., another direct contact staff member, nurse, supervisor, behavior specialist on site), shall conduct this continuous observation when there are other staff or persons available. The person's condition shall be documented every five (5) minutes that he or she is restrained.
- 6) If there are no other persons available to provide assistance, the person applying the restraint shall continuously observe and then complete the necessary documentation after the episode has ended.
- 7) Supervisory and/or nursing/medical personnel shall be promptly notified as needed in the event that there are signs or symptoms of adverse effects resulting from the restraint.
- 8) Any threats of harm to a person's health or well being shall require immediate release from restraint.
- 9) The provider agency director or designee must be informed each time restraint is used through the incident reporting process and any other mechanism established by the provider agency. If the restraint is part of the Behavior Support Plan, there may be additional documentation required as part of the Behavior Support Plan.
- 10) If emergency use, the person shall be released from restraint per the criteria established by the agency director or designee. The agency director may consult with other professionals as appropriate, including the behavior analyst service provider or the behavior specialist service provider, as applicable, regarding release criteria or other actions to take to stabilize the situation.

- 11) The release criteria established by the agency director or designee must include at least two components:
  - a) A description of the behaviors that should not be occurring at the time of release; and
  - b) The amount of time these behaviors should be absent, not to exceed five (5) minutes of the absence of the behaviors.
- 12) If the restraint is part of the Behavior Support Plan, the person shall be released from restraint per the criteria established in the Behavior Support Plan.
- 13) If the criteria for release from mechanical restraint has not been met within fifty (50) minutes from the time the restraint was first initiated, or if the release criteria from manual restraint has not been met within fifteen (15) minutes, the person must be released from restraint.
  - a) The release ends the specific episode.
  - b) Thus, for emergency restraint use, if it is necessary to use emergency restraint again, that application will have to be authorized.
- 14) Upon release from manual or mechanical restraint, the person shall be offered the opportunity for motion and exercise, and if appropriate to the situation, the opportunity for food and drink, and attention to personal needs.

### **Application of Protective Equipment**

- 1) Staff applying emergency protective equipment shall be trained in the use and application of the protective equipment.
  - a) The provider agency shall set up a mechanism to have the training completed, documenting staff competency, and for retraining as needed.
  - b) If needed, technical consultation can be requested from the behavior analyst or behavior specialist.
- 2) If the protective equipment is part of a Behavior Support Plan, the behavior analyst is responsible for authorizing those who can train staff.
  - a) If a behavior specialist is available, the behavior specialist can be authorized to train other authorized trainers and to train staff as needed.
  - b) If there is no one who can be authorized to train staff, the behavior analyst will be responsible for the training.

- 3) Prior to applying a protective equipment device(s), the person applying such a device(s) must inspect the device to see if it is in good repair and is free from tears or protrusions that may cause injury.
  - a) If the equipment is unsafe, it shall not be used.
  - b) The result of the inspection shall be documented.
- 4) A person placed in protective equipment shall be monitored for signs and symptoms of adverse effects on his or her health and well being.
- 5) The person's condition shall be checked and documented at least every fifteen (15) minutes, unless otherwise specified in an approved Behavior Support Plan.
- 6) Supervisor and/or nursing/medical personnel shall be promptly notified as needed in the event there are signs or symptoms of adverse effects resulting from the protective equipment.
- 7) Any threats of harm to a person's health or well being shall require immediate release from the protective equipment.
- 8) The provider agency director or designee must be informed each time protective equipment is used.
- 9) Emergency use of protective equipment requires that authorization and release criteria be obtained from the agency director or designee.
  - a) An authorization can be granted for emergency use of protective equipment for up to twenty-four (24) hours.
  - b) The director or designee may consult with other professionals as needed regarding release criteria and alternative strategies.
  - c) The release criteria must include a description of the person's specific behaviors(s) that should not occur before release and/or the conditions that must exist before he or she is released.
- 10) If the criteria for release from emergency protective equipment has not been met within fifty (50) minutes from the time it was first applied, and there is no risk of imminent danger, then the person must be released to determine if continued application of protective equipment is necessary and to ensure that there are no signs or symptoms of adverse effects resulting from the protective equipment.
- 11) If the person's behavior, which lead to the application of emergency protective equipment, reoccurs after the initial release, the protective equipment may be reapplied for the authorized

time period, not to exceed twenty-four (24) hours if there are no adverse effects resulting from the equipment.

- 12) If the person's behavior continues to reoccur after the authorized time period, the agency director or designee shall be contacted to consider alternative interventions or to reauthorize application of the emergency protective equipment.
- 13) Supervisory and/or nursing/medical personnel shall be promptly notified in the event there are signs or symptoms of adverse effects resulting from the protective equipment.
- 14) A DMRS Reportable Incident Form shall be completed, as well as, any other forms required by the provider agency or the behavior analyst/specialist as described in the Behavior Support Plan.
- 15) If the use of protective equipment is part of an approved Behavior Support Plan, the person shall be released from protective equipment per the criteria established in the Behavior Support Plan.

#### **Procedures For Exclusionary Time Out to a Specific Location**

- 1) Exclusionary time out to a specific location is defined as directing an individual to any designated time out location, and requiring the individual to remain in this location without positive reinforcement and other activities for a specified period of time not to exceed fifteen (15) minutes.
- 2) Rooms specifically designed for time out procedures are prohibited.
- 3) The time out location shall not include the use of locked doors.
- 4) Exclusionary time out to a specific location may not be used in emergency situations.
- 5) The use of exclusionary time out to a specific location must be incorporated into an approved behavior support plan prior to implementation.

#### **Variances to the Policy**

- 1) Requests for variances to approved procedures, including use of devices not included in the approved definition list, shall be considered on a case-by-case basis. For instance, a request for a variance may be considered in cases where the requirements of the policy are contraindicated by the behavioral data.

- 2) A Behavior Support Plan, which incorporates the requested variance, shall be proposed by the behavior analyst.
- 3) The plan containing the variance must be approved by the planning team and informed consent from the individual or the guardian/conservator must be obtained.
- 4) The Behavior Support Plan containing the variance must be reviewed and approved by:
  - a) The local Behavior Support Committee and Human Rights Committee (if established);
  - b) The Regional Behavior Support Committee and Human Rights Committee;
  - c) The State Behavior Analyst Coordinator shall submit the plan to the Assistant Deputy Commissioner or designee for final approval;
  - d) The following information shall be included in the proposed plan:
    - i. A description of the variance requested, and the reason for the variance;
    - ii. A description of and data concerning previous interventions attempted; and
    - iii. A time table for how and when the need for a variance will be eliminated.
- 5) In exceptional cases, the provider agency director may authorize a one-time, temporary variance during an emergency. The provider agency director shall ensure that:
  - a) The regional director and independent support coordinator are notified within twenty-four (24) hours.
  - b) A Reportable Incident Form is completed.
  - c) Consultation from a behavior analyst is promptly obtained to confer with the planning team concerning needed emergency procedures and crisis prevention strategies.