POLICY STATEMENT:

It is the policy of the Illinois Department of Human Services to teach appropriate alternative skills/behaviors to replace maladaptive behaviors, and use of behavior intervention procedures that do not involve restriction of rights of individuals receiving DHS services. These are the preferred methods for reducing and/or eliminating aggressive and/or self injurious behavior in State Operated Developmental Centers (SODC) and programs. If less restrictive interventions fail or are not effective in preventing an individual from causing harm to self or others and the use of restraint is determined warranted, then the use of restraint is to be employed in accord with the provisions set forth in this Directive.

1. PROCEDURES
   1. Positive and reinforcing interactions between staff and individuals served, teaching appropriate alternative skills/behaviors to replace maladaptive behaviors, and use of behavior intervention procedures that do not involve restriction of rights are the preferred methods for reducing and/or eliminating aggressive and/or self injurious behavior in State Operated Developmental Centers (SODC) and programs. Department of Human Services (DHS) Policy and Procedure Directive
02.06.03.09, "Behavior Intervention Review Procedures for Individuals with Developmental Disabilities" provides interdisciplinary teams the framework for analyzing a maladaptive behavior, determining the intervention procedure, developing an individualized behavior intervention program and specifying the requirements for behavior intervention programs involving rights restrictions. Restraint and psychotropic medication used in response to maladaptive behavior are among the most restrictive interventions and are used only when positive or less restrictive interventions have been tried and documented as ineffective. Restraint (physical holding devices, chemical, etc.) are only to be used to prevent an individual from causing harm to self or others when less restrictive interventions have failed or are not effective.

2. Restraint is only used when there is an emergency necessitating its use. Some emergencies can be "planned" for based on knowledge and experience with the individual's behavior and the function of the behavior enabling restraints to be incorporated into an individualized behavior intervention program resulting in the programmatic use of restraint. Use of restraint in an emergency and outside of a program is "Unplanned Restraint". Whenever feasible, planned (or programmatic) restraint, rather than unplanned restraint, should be used to ensure the individual has the opportunity to be appraised of the risks and benefits associated with the use of restraint, the opportunity to consent to or protest the use of restraint and the opportunity to have the planned use of restraint reviewed by the Behavior Intervention Committee and the Human Rights Committee prior to restraint being employed. In addition, programmatic use of restraint results in greater staff consistency and competency in the management of an individual's behavior which would be harmful to self and/or others.

3. The procedures contained in this Directive must be followed for all restraint applications for an individual receiving services in a State Operated Developmental Center or a program. The use of psychotropic medication as a chemical restraint is addressed in more detail in Policy and Procedures Directive 02.06.01.02 "Psychotropic Medication".

4. Competency Based Training, approved by SODC Operations, is mandated for every person who employs or authorizes the use of restraint. Training is essential for understanding the underlying principles and values that guide restraint use as outlined in this Directive including the application of restraints and the effective monitoring of the environment and the individual's physical condition while restrained. The Restraint Training Curriculum not only validates skill competency associated with restraint use, it provides interpretive guidance for the accurate and effective implementation of this Directive.

5. Facility Directors are responsible for ensuring that local restraint policies, procedures, practices and restraint training are consistent with this Directive and the Restraint Training Curriculum approved by SODC Operations.

6. Any exceptions to the procedures outlined in this Directive must be approved in writing by the Department of Human Services, Office of Developmental Disabilities, Central Clinical Review Team.

2. DEFINITIONS

"Approved Restraint Devices and Physical Holding Restraints."
Restraint devices and physical holding restraint procedures that have been authorized for use in State Operated Developmental Centers by the Central Clinical Review Team (CCRT) are listed in the SODC Report/Protocol Manual or are documented as approved in correspondence to a Facility Director from the CCRT.

"Authorized Person."
An authorized person is an employee who may order the use of restraint: a physician, a licensed clinical psychologist, a licensed clinical social worker, or an RN with supervisory responsibility.

"Blocking."
Physically interfering with or preventing a behavior with one's own limbs or protective pad.

"Chemical Restraint."
A single Stat dose of a Psychotropic Medication used for an aberrant behavior in an emergency situation. A Chemical Restraint should only be ordered to prevent an individual from causing harm to himself or herself or others. (Refer to Policy and Procedure Directive 02.06.01.02, "Psychotropic Medication").

"Designated Administrators."
Administrators identified by the Facility Director who have successfully completed the Competency Based Restraint Training Curriculum, and whose knowledge skills and ability enable them to effectively fulfill the responsibilities outlined in Section V.B of this Directive.

"Periodic Release."
An individual must be released from a restraint device for motion and exercise a minimum of 5 minutes within every hour (i.e., no more than 55 consecutive minutes in a restraint device without release) unless a physician or RN with supervisory responsibility determines and documents on the IL462-0123D, "Restraint Monitoring Record", after observing the individual or receiving information from a nurse or designated administrator who observed the individual, that release from restraint could result in physical harm to the individual or others. If periodic release for ambulation, receiving liquids, using the toilet, eating a meal, using sign language or alternate communication method must be delayed, the reason for the delay and directions for ambulation, the provision of liquids, using the toilet, receiving a meal, using sign language or alternate communication method must be documented on the IL462-0123D. If the individual meets the calm criteria during a periodic release, the restraint device should not be reapplied.

"Physical Response Interruption."
Use of the least amount of physical contact necessary to stop an individual from engaging in a maladaptive behavior. This is done by briefly (15 continuous seconds or less) holding an individual's limbs or body.

"Programmatic Restraint."
Use of restraint as a component of an individual's behavior intervention program. When unplanned restraint is used three times in six months the IDT must plan for the potential future use of restraint by incorporating the use of restraint into the individual's behavior intervention program unless an exemption is obtained for specific clinical/programmatic reasons. (Refer to Section (V)(E) Interdisciplinary Team #3 Exemption Request). Psychotropic medication used as an integral component of an individualized behavior intervention program is a restrictive intervention, but is not a restraint.
"Psychotropic Medication."
Medication whose use for antipsychotic, antidepressant, anti-manic, anti-anxiety, behavior modification or behavior management purposes is listed in the American Medical Association (AMA) Drug Evaluation, latest edition; or Physician's Desk Reference (PDR), or which are administered for any of these purposes.

"Qualified Staff Member."
A qualified staff member is an employee who has successfully completed the SODC Operations and Center's mandated competency based restraint training which includes application of the restraint device and/or physical holding restraint being used, the restraint policy and procedures and restraint documentation requirements. (Refer to Section (V)(D))

"Restraint."
Restraint is restriction of the free movement of, normal functions of, or normal access to a portion(s) of an individual's body. Restraint includes, but is not limited to, the following:

1. Devices that partially or totally immobilize an individual's limbs, head or body.
2. Physical holding that exceeds brief, intermittent contact (physical restriction of more than 15 continuous seconds).
3. Intensive staff intervention (any physical intervention for maladaptive behavior requiring 3 or more staff).
4. Removing access to or preventing the use of prosthetic or mobility devices except for hygienic procedures or medical procedures.
5. Devices used to restrict normal functions of or normal access to a portion(s) of an individual's body (Examples: helmets for self-injurious behavior (SIB), mittens to prevent SIB, jumpsuits to prevent rectal digging).
6. Some Aggression Management procedures contained in the curriculum approved for use in the SODCs (e.g., containment, arm-wrap containment take-down, team response) are always restraint. Other Aggression Management Training Curriculum procedures are restraint if they meet the criteria in #2 and/or #3 of the restraint definition. (Refer to the Aggression Management Training Curriculum approved for use in SODCs and Crisis Prevention Intervention [CPI]).
7. Escorting procedures that exceed brief intermittent physical holding.
8. Transport procedures.

2. "Restraint". The direct restriction through mechanical means or personal physical force of the limbs, head or body of an individual. The partial or total immobilization of an individual for the purpose of performing a medical, surgical or dental procedure or as part of a medically prescribed procedure for the treatment of an existing physical disorder or the amelioration of a physical handicap shall not constitute restraint, provided that the duration, nature and purposes of the procedures or immobilization are properly documented in the individual's record and, that if the procedures or immobilization are applied continuously or regularly for a period in excess of 24 hours, and for every 24 hour
period thereafter during which the immobilization may continue, they are
authorized in writing by a physician or dentist; and provided further, that any such
immobilization which extends for more than 30 days be reviewed by a physician
or dentist other than the one who originally authorized the immobilization.
Momentary periods of physical restriction by direct person-to-person contact,
without the aid of material or mechanical devices, accomplished with limited
force, and that are designed to prevent an individual from completing an act that
would result in potential physical harm to him/herself or another shall not
constitute restraint, but shall be documented in the individual's clinical record.
Restraint does not include the following:

1. Brief, intermittent physical holding (physical restriction of 15 continuous
   seconds or less by direct person-to-person contact using limited staff
   intervention [2 or less staff]).
2. Momentary blocking/redirection procedures used by staff to prevent a
   maladaptive behavior do not constitute a restraint.
3. Medically prescribed and monitored procedures/equipment (e.g., braces)
   to treat an existing physical condition or ameliorate a physical challenge.
   (Reference Policy and Procedure Directive 02.06.03.05, "Adaptive,
   Mobility and Protective Devices and Medical Immobilization").
4. Partially or totally immobilizing an individual to perform a
   medical/surgical or dental procedure. (Reference Policy and Procedure
   Directive 02.06.03.05, "Adaptive Mobility and Protective Devices and
   Medical Immobilization").
5. Escorting procedures taught in Aggression Management Training
   Curriculum, provided the escorting procedure does not exceed brief,
   intermittent physical holding.
6. Physical guidance and hand-over-hand assistance/redirection to perform a
   prosocial behavior or to perform daily living/skill training activities.
7. Transport procedures used to provide medical care or treatment due to
   injury or illness

"Transport Procedures."
The use of a restraint device or physical holding restraint to convey an individual from one
location to another in response to behavior that is harmful to self or others. Transport procedures
are usually used to enable staff to implement intervention procedures in a safer and/or more
private location. (Individuals receiving Forensic Services are exempt as specified in the Code of
Criminal Procedure).

"Unplanned Restraint."
The individual's behavior presents an immediate and imminent risk of physical harm to self or
others and restraints are not incorporated into the individual's behavior intervention program.

GENERAL REQUIREMENTS AND STANDARDS

1. Staff Training
1. All staff who implement, monitor or supervise the use of restraint must have successfully completed the approved competency based Restraint Training Curriculum which includes: the restraint policy and procedures; the application of each physical holding restraint approved for use at the SODC; the application of each restraint device approved for use at the SODC; and restraint documentation procedures. Completion of Competency Based Task Analysis (CBTA) on restraint application and documentation and/or completion of competency based restraint re-training within every 12 month time period must occur in order for staff to maintain "Qualified Staff Member" status.

2. The successful completion of CBTA's for the application of restraint devices and physical holding restraints requires the application of each device and each physical hold at a 100% accuracy criterion. Staff who do not achieve a 100% criterion on the CBTA will be involved in re-training until the criterion is met.

2. Indications
The type and number of less restrictive interventions to be employed prior to the use of restraint is to be determined based on assessment of a variety of factors such as: the size of the person; the function of the behavior; the type of aggressive behavior warranting intervention; the intensity of the aggressive behavior to self or others; the number of persons needed to safely intervene, etc. An example of a progression of less restrictive interventions would be proceeding from a verbal directive to an individual to stop engaging in a behavior, non-exclusionary time out, blocking the behavior and/or physical response interruption to the use of restrictive techniques such as exclusionary time out, non-continuous physical holding restraint, continuous physical holding restraint, and/or the use of a restraint device. The intensity, severity and potential for physical harm to the individual/others will determine the number and type of least restrictive interventions to be employed in an emergency.

3. Least Restrictive Restraint
Restraint used should always be the least restrictive, most effective form of restraint a person who exercises sound rational judgment would determine to be the safest for the individual being restrained, the person(s) applying the restraint, and the circumstances requiring restraint use. The Behavior Intervention Program (BIP) designed for the programmatic use of restraint should specifically describe restraint procedures.

4. Least Restrictive Restraint Application
Restraint must be applied in the least restrictive manner feasible to safely control the individual's behavior in accordance with the circumstances necessitating the use of restraint.

1. When determining the type of restraint to be employed and the method of restraint application, the following should be taken into consideration when non-restrictive intervention procedures have been ineffective or are not feasible due to the behavior:

   1. The function of the individual's behavior (e.g., attention seeking behavior, grief, fear, anger, etc.).
2. The location (i.e., outside, in a busy downtown area; in a work location; in a home/living area, etc.).
3. The possibility of harm to others in the location, if the individual's behavior is not rapidly contained.
4. Whether the individual required restraint in the past and if so, what was the safest and most effective procedure employed (based on the knowledge of the staff present).
5. The size (including weight and height) of the individual to be restrained.
6. The size and number of staff available to employ a restraint procedure.
7. The amount of resistance anticipated by the individual in response to potential restraint procedures.
8. The individual's medical conditions, recent illnesses or physical problems that may preclude the use of certain types of restraint devices/procedures/physical holds.
9. The feasibility of moving either the individual or others.
10. The distance the individual may need to be moved for a restraint device to be employed.

2. If it is determined that a physical holding restraint should be employed, staff shall assess:
   1. The amount of resistance being exhibited by the individual and whether it merits consideration of an alternate procedure, such as a restraint device.
   2. The intensity of staff intervention required to implement the physical holding procedure (e.g., numbers of staff, the length of time staff have been involved in employing the physical holding restraint and their apparent fatigue).
   3. Whether physical holding appears to be resulting in the cessation of the behavior (as evidenced by less resistance or periods of decreased resistance the longer the physical holding procedure is implemented).
   4. Whether there are changes in the individual's physical condition during the holding restraint that require termination of this restraint procedure (i.e., the individual begins to sweat profusely; evidences seizure activity; pulse rate becomes very rapid or no pulse can be identified; skin color becomes very pale; breathing stops; vomiting occurs, etc.).

3. If a physical holding restraint is employed and it is determined to be ineffective or unsafe for the individual or others, or there is concern regarding changes in the individual's physical condition, then alternate restraint procedures are to be evaluated and/or emergency medical intervention procedures, as specified in the SODC’s policy, promptly initiated.

5. Restraint Data
   Any individual with restraint in a behavior intervention program requires the monthly graphing of the frequency and/or duration of restraint use and the target
behavior which necessitated the use of restraint. Progress may also be assessed by
the reduction in the frequency of restraint, reduction in the duration of restraint,
reduction in the frequency of injury to self/others and/or reduction in the
restrictiveness of the restraint employed.

6. Analysis of Restraint Use
Each SODC Director will establish a system for the review of individuals who are
frequently restrained. This review process shall be identified in the SODC’s
Restraint policy and shall minimally include:
   1. A review of the circumstances which led to the need for restraint.
   2. The less restrictive techniques considered/used prior to the use of restraint.
   3. The action taken subsequent to restraints being employed to reduce/prevent
      the re-occurrence of restraint use.
   4. The effectiveness of the restraint/individual's response to being restrained.
   5. Whether there has been significant increases in restraint use with a particular
      individual
   6. Whether restraint use resulted in any individual incurring injuries during the
      application and/or use of restraint.
   7. Whether the individual is making progress in reducing or eliminating the
      behavior that necessitated the use of restraint.
   8. Other factors associated with restraint use as identified by the SODC and/or
      SODC Operations, Office of Developmental Disabilities.
On a semi-annual basis, the SODC Director is to have an in-depth analysis of
restraint use at their Center conducted for the purpose of determining trends
regarding restraint use and for determining ways to decrease restraint use to
the extent possible.

7. Analysis of Chemical Restraint Use
Each SODC Director will establish a system for the review of each Chemical
Restraint administered to an individual. This review process shall be identified in
SODC policy and shall minimally include the requirements specified by SODC
Operations, Office of Developmental Disabilities, and the requirements specified in
Policy and Procedure Directive 02.06.01.02, "Psychotropic Medication".

8. Additional requirements and standards regarding "Restraint Use" are contained in
tables located in Sections (IV), (V) and (VI) of this Directive. The content of each of
these Sections is as follows:
   1. Section (IV) identifies specific safeguards and prohibitions regarding the use
      of restraint.
   2. Section (V) identifies the responsibilities of each individual/entity involved
      in any aspect of restraint authorization, application and/or monitoring
      including: The Facility Director; Designated Administrator; Authorized
      Staff; Qualified Staff Member; Interdisciplinary Team; Behavior
      Intervention Committee (BIC)/ Human Rights Committee (HRC); and the
      Central Clinical Review Team (CCRT).
   3. Section (VI) identifies key time frames associated with the use of restraint
      and related requirements.

REFERENCES:
1. Policy and Procedures Directive 02.06.03.09, "Behavior Intervention Review Procedures for Individuals with Developmental Disabilities" (or as amended)
2. Policy and Procedures Directive 02.06.01.02, "Psychotropic Medication" (or as amended)
3. Policy and Procedures Directive 02.06.03.05, "Adaptive, Mobility and Protective Devices and Medical Immobilization" (or as amended)
4. IL462-0044RD, "Order for Restraint" (formerly DMHDD-44R-DD) (or as amended)
5. IL462-0123D, "Restraint Monitoring Record" (formerly DMHDD-123-DD) (or as amended)
6. IL462-0123aD, "Continuation of Restraint Monitoring Record" (formerly DMHDD-123.1-DD) (or as amended)
7. SODC Report/Protocol "Supplemental Report on the Use of Restraint and/or Emergency Behavior Intervention Procedures" (or as amended)
8. SODC Report/Protocol "Behavior Intervention Program Components" (or as amended)
9. IL462-2004D, "Notice Regarding Restriction of Rights of an Individual" (formerly MHDD-4-DD) (or as amended)
10. 59 Ill. Adm.Code, 102.10, "Use of Department Facilities and Grounds" (or as amended)


REQUIRED SAFEGUARDS
General Safeguards: 1) Restraint must be used in a humane manner. 2) Restraint may only be used to prevent an individual from physically harming self or others. 3) Competency Based Training must be successfully accomplished at a 100% criterion level prior to staff being determined qualified to implement, monitor or supervise use of restraint. 4) Only authorized persons may order restraint. 5) Only a physician may order a chemical restraint. 6) Only qualified staff members may apply restraint. 7) Only restraint devices and physical holding procedures approved by the Central Clinical Review Team may be used. If the

PROHIBITIONS
General Prohibitions: 1) Restraint is not to be used as a substitute for supervision. 2) Restraint is not to be used for the convenience of staff. 3) Restraint is not to be used for disciplinary purposes or punishment. 4) Restraint is not to be used in lieu of Active Treatment. 5) Restraints that are secured with locking devices that render an individual immobile are strictly prohibited. 6) Individuals must not be placed in totally enclosed cribs or barred enclosures. 7) More than 6 point restraint is prohibited without prior written CCRT approval. 8) More than 5 staff to apply a physical holding restraint is prohibited without prior written CCRT approval. 9) Excessive verbal interaction with an individual who is restrained, or other staff present, is prohibited. 10) Restraints are not to be used when an individual falls asleep unless
location, number of staff available and/or other circumstances preclude the use of an approved restraint device or approved physical hold (e.g., when a staff person is alone with a person in a location such as a crowded physician's office in the city), such events require staff use his/her training and knowledge of the person to manage the maladaptive behavior as safely and effectively as feasible in accord with the requirements specified in this Directive. 8) While being restrained, the individual must be placed in a location where he or she is provided optimal safety and privacy given the particular circumstances. 9) If there is a fire, other disaster or drill, staff must immediately remove from danger all individuals who are in restraints. 10) Immediately after an individual has been restrained, staff must search the individual, and his or her clothing, and remove all objects from the

General Safeguards: 1) Restraint must be used in a humane manner. 2) Restraint may only be used to prevent an individual from physically harming self or others. 3) Competency Based Training must be successfully accomplished at a 100% criterion level prior to staff being determined qualified to implement, monitor or supervise use of restraint. 4) Only authorized persons may order restraint. 5) Only a physician may order a chemical restraint. 6) Only qualified staff members may apply restraint. 7) Only restraint devices and physical holding procedures approved by the Central Clinical Review Team may be used. If the location, number of staff available and/or other circumstances preclude the use of an approved restraint device or approved physical hold (e.g., when a staff person is alone with a person in a location such as a crowded physician's office in the city), such events require staff use his/her training and knowledge of the person to

specify instructions are documented in the individual's behavior program to the contrary.

General Prohibitions: 1) Restraint is not to be used as a substitute for supervision. 2) Restraint is not to be used for the convenience of staff. 3) Restraint is not to be used for disciplinary purposes or punishment. 4) Restraint is not to be used in lieu of Active Treatment. 5) Restraints that are secured with locking devices that render an individual immobile are strictly prohibited. 6) Individuals must not be placed in totally enclosed cribs or barred enclosures. 7) More than 6 point restraint is prohibited without prior written CCRT approval. 8) More than 5 staff to apply a physical holding restraint is prohibited without prior written CCRT approval. 9) Excessive verbal interaction with an individual who is restrained, or other staff present, is prohibited. 10) Restraints are not to be used when an individual falls asleep unless specific instructions are documented in the individual's behavior program to the contrary.
manage the maladaptive behavior as safely and effectively as feasible in accord with the requirements specified in this Directive. 8) While being restrained, the individual must be placed in a location where he or she is provided optimal safety and privacy given the particular circumstances. 9) If there is a fire, other disaster or drill, staff must immediately remove from danger all individuals who are in restraints. 10) Immediately after an individual has been restrained, staff must search the individual, and his or her clothing, and remove all objects from the individual. These actions are to be recorded on the IL462-2004D. 11) If an individual has been out of a restraint device for 2 or more hours, the restraint device may not be re-applied even if the restraint order has not expired, unless a new order for the restraint device is obtained.

12) Programmatic use of restraint requires the Behavior Intervention Program to contain each element identified on the SODC Protocol/Report "Behavior Intervention Program Components". 13) Programmatic use of restraint assures the individual has the opportunity to be apprised of the risks and benefits associated with the use of restraint, the opportunity to consent to or protest the use of restraint, the opportunity to have the planned use of restraint reviewed by the Behavior Intervention Committee and the Human Rights Committee prior to restraint being employed, and facilitates staff competency and consistency when restraint use is required. 14) Should it be determined that a change in the Behavior Intervention Program that incorporates the use of restraint is warranted, then an Interdisciplinary Team meeting and team approval process must be accomplished prior to the program change occurring. 15) Prior written approval of the CCRT is
required to alter an approved restraint device or approved method of restraint device application. 16) Each SODC shall have a practice that ensures restraint devices are clean, in good repair, and inspected prior to each use.

17) The Facility Director or his or her designee must review all restraint orders daily and inquire into the reasons for restraint orders by any person who routinely orders them. 18) Qualified staff are trained to apply restraint in the least restrictive manner feasible to safely control the individual's behavior in accord with the circumstances necessitating the use of restraint.

Medical & Health Related Safeguards: 1) Staff are to apply a restraint device or a physical holding restraint with the individual face up (supine position) unless the CCRT has given prior written approval for an alternate position. 2) Restraint applications must maintain proper body alignment. 3) Qualified staff members must ensure: a) that nothing is placed over the individual's face or mouth while restraint is being employed; b) the individual's jaw/chin is not held in a closed position; and c) the individual's breathing is not obstructed at any time during the application of restraints or while the individual is restrained. 4) An individual who is restrained must be evaluated as soon as possible, but within 2 hours following initial application of restraint by an RN with supervisory responsibility or physician. 5) In the event of a medical emergency (e.g., individual evidences respiratory distress, vomits, etc.), the individual is to be immediately released from restraint, and emergency medical intervention procedures initiated in accord with the Center's policy and the Restraint Training Curriculum.

Medical & Health Related Prohibitions: 1) Restraint is not to be used when known to be medically contraindicated. 2) PRN Restraint Orders are not to be used. 3) Neither liquids, oral medications or meals are to be provided individuals who are lying on their back while restrained. 4) Under no circumstance may staff hold an individual's jaw/chin closed or place something over the individual's nose or mouth that could obstruct breathing. 5) Under no circumstance may staff lie on, or apply pressure to an individual's chest/trunk while restraining an individual. 6) Restraining an individual in a prone (stomach down) position is prohibited without prior written CCRT approval.

SUBJECT

A. FACILITY DIRECTOR

1. Compliance with DHS Restraint Policy

? Ensuring local restraint policies, procedures,
practices and restraint training are consistent with Department Directives and the SODC Operations, Office of Developmental Disabilities approved Competency Based Training curriculum.

Ensures SODC restraint policy identifies specific restraint devices and physical holding procedures that may be used at the Center.

Ensures SODC Restraint Policy addresses the use of chemical restraint including the requirements that the IDT meet within 5 working days after the third chemical restraint administered to an individual within a 6 month time period.

Ensures SODC restraint policy defines requirements for phone and written notification of the Facility Director or his or her designee regarding each occurrence of restraint.

Ensures procedures/protocols are in place for the cleaning of restraint devices in accordance with manufacturers instructions and for using only restraint devices which are in good repair. Ensures emergency medical procedures in response to signs of distress observed while an individual is restrained are addressed in the SODC's policy.

Ensures restraint devices and physical holding procedures used are only those devices and procedures approved by the CCRT.

Ensures required information is submitted to the CCRT to process a request to approve a restraint device (including transport devices) or physical holding restraint not on the CCRT approved restraint list.

Ensures written documentation is obtained prior to use and maintained for all CCRT authorizations for:

* alteration of restraint devices;

* alteration of physical holding restraints;

* alteration methods of restraint application prior to
the alteration being employed

? Ensures notification of the chairperson of the CCRT on or before the first day a modification of a physical holding restraint is employed to accommodate an individual's medical/physical condition.

? Provides (or designee provides) prior written authorization on the IL462-0044RD, "Order for Restraint", any time an individual who has been restrained 1 or more times during all or part of a 24 hour period requires the reapplication of a restraint during the next 48 hours (following the initial 24 hour period).

3. Restraint Use during Consecutive Days

? Prior written authorization is required by the Facility Director or his or her designee until an individual has been free of restraint for 48 continuous hours.

? Reviews (or designee reviews) all restraint orders daily and inquires into reasons for restraint orders by any person who routinely orders them or if there are other issues regarding the use of restraint that may require additional information/clarification.

? Personally reviews data regarding restraint use on at least a monthly basis.

? Establishes a system for the review of individuals who are restrained. This review process should be identified in the SODC's Restraint policy.

4. Restraint Use Review and Monitoring

? Establishes a system for review of individuals who receive a chemical restraint which minimally includes the requirements specified by SODC Operations, Office of Developmental Disabilities. This review process should be identified in SODC policy.

? Ensures the SODC restraint indicators are completed on a semi-annual basis including a thorough analysis of the individuals with whom restraints were employed, the frequency of restraint use, the duration of time restraint was employed, the type of restraint used and action being taken to reduce the use of restraint.

5. Exceptions

? Following receipt of a recommendation from the BIC and HRC approves or disapproves requests from
an IDT not to include restraint in an individual's Behavior Intervention Program when restraint has been used 3 times within a 6 month time period.

Following receipt of a recommendation from the BIC and HRC approves or disapproves requests from an IDT not to remove restraint from an individual's Behavior Intervention Program when the restraint has not been used in 12 months.

Designates in SODC policy the person/discipline responsible for mailing a "Notice Regarding Restriction of Rights of an Individual", (IL462-2004D) form to the designated person(s) on the next work day following the initial application of restraints (or administration of a chemical restraint) unless an alternate notification procedure has been requested by the individual and/or individual's guardian and is documented in the individual's Behavior Intervention Program.

6. Written Notification of Restraint Use

SUBJECT

B. DESIGNATED ADMINISTRATOR

1. Notification of Facility Director

Verbally notifies the Facility Director or his or her designee within 1 hour after the initial application of restraint or administration of a chemical restraint.

2. Monitoring Restraint Use and Policy Compliance

As soon as possible following the application of a physical holding restraint or restraint device personally observes the use of restraint to ensure compliance with Department Directive requirements and the SODC's policy requirements including: application of restraint in accordance with procedural requirements; privacy and dignity of the individual being respected while restraints employed; order for restraints and examination by physician/RN with supervisory responsibility completed in timely manner including receipt of instructions for obtaining vital signs; documentation recorded accurately and timely; and notification regarding restraint use provided all required persons in a timely manner.

Prior to an order for a chemical restraint, personally observes the individual to ensure feasible and appropriate less restrictive interventions were used and documented as ineffective. Ensures the use of the chemical restraint is in accordance with Department Directive requirements and SODC policy requirements.

4. Continuation of Unplanned
(Emergency) Physical Holding Restraint

Physical holding restraint has been employed for 10 continuous minutes to determine if the holding restraint should be extended an additional 5 minutes for the calm/fading criteria to be met or to consider the use of an alternate intervention such as a restraint device. Documents outcome on the IL462-0123D.

Personally examines individual when programmatic physical holding restraint has been employed for 15 continuous minutes to determine if the holding restraint should be extended for an additional 5 minutes for the calm/fading criteria to be met or to consider the use of an alternate intervention such as a restraint device. Documents outcome on the IL462-0123D.

5. Continuation of Programmatic (Emergency) Physical Holding Restraint

Personally observes an individual who is restrained (if observation cannot be accomplished by physician or RN) when qualified staff indicate providing the individual a needed bath or a periodic release (at least 5 minutes within every hour) could result in physical harm to the individual or others. Provides information regarding the individual's behavior which precludes restraint release to the RN with supervisory responsibility or physician. Ensures the reason for the delayed bath and/or periodic release and the directions for ambulation, the provision of liquids, using the toilet, receiving a meal, opportunity for a bath/shower, using sign language or using alternate methods of communication are documented on the IL462-0123D.

6. Periodic Release

Subject

Psychologist/Social Worker

Physician / RN

? After personally observing and examining the individual writes an order for restraint on the IL462-0044RD when he/she is satisfied that the use of restraint, the type of restraint to be used and the proposed method of application are justified to prevent the individual from harming himself/herself or others. (Note: Only a physician may order a chemical restraint).

? Notifies the responsible home/living area supervisor (designated Administrator) as soon as possible, but within 15 minutes after the initial restraint application.

C. AUTHORIZED STAFF
2. Temporary Restraint Order (authorized person is unavailable)

* Writes a restraint order as soon as possible, but within 2 hours after restraint application following personal observation and examination of the individual:

  * To ensure the type of restraint and method of application are employed in accordance with the approved restraint curriculum and SODC policy.

  * To confirm the use/continued use of restraint is clinically justified to prevent the individual from causing harm to self or others, safe and effective.

  * To document outcome of this evaluation on the IL462-0044RD, "Order for Restraint".

If Clinical Psychologist or Clinical Social Worker wrote the restraint order, personally examines the individual to determine whether the restraint does or does not pose an undue risk to the individual's physical and/or medical condition and documents outcome of this examination on the IL462-0044RD, "Order for Restraint".

Within 10 minutes after initiation of a temporary restraint application:

? confirms the restraint order; and

? renders a decision regarding the need for vital signs beyond the vital signs (blood pressure, pulse, respiration) which are required to be obtained within 10 minutes after the initial application of a restraint device or within 10 continuous minutes after the application of a physical holding restraint.

? After personally observing and examining the individual writes an order for restraint on the IL462-0044RD when he/she is satisfied that the use of restraint, the type of restraint to be used and the proposed method of application are justified to prevent the individual from harming himself/herself or others. (Note: Only a physician may order a chemical restraint).

1. All Restraint Orders

? Notifies the responsible home/living area supervisor (designated Administrator) as soon as
possible, but within 15 minutes after the initial restraint application.

2. Temporary Restraint Order (authorized person is unavailable)

? Writes a restraint order as soon as possible, but within 2 hours after restraint application following personal observation and examination of the individual:

* To ensure the type of restraint and method of application are employed in accordance with the approved restraint curriculum and SODC policy.

* To confirm the use/continued use of restraint is clinically justified to prevent the individual from causing harm to self or others, safe and effective.

* To document outcome of this evaluation on the IL462-0044RD, "Order for Restraint".

If Clinical Psychologist or Clinical Social Worker wrote the restraint order, personally examines the individual to determine whether the restraint does or does not pose an undue risk to the individual's physical and/or medical condition and documents outcome of this examination on the IL462-0044RD, "Order for Restraint".

Within 10 minutes after initiation of a temporary restraint application:

? confirms the restraint order; and ? renders a decision regarding the need for vital signs beyond the vital signs (blood pressure, pulse, respiration) which are required to be obtained within 10 minutes after the initial application of a restraint device or within 10 continuous minutes after the application of a physical holding restraint.

? After personally observing an individual specifies reasons why periodic release from a restraint device must be delayed, including directions for how the delayed release is to be accomplished and documents this information on the IL462-0123D. (May have a nurse or trained designated Administrator observe the individual on his or her behalf.

3. Periodic Release

4. Continuation of Unplanned (Emergency) Physical Holding Restraint

? Personally examines an individual when an unplanned physical holding restraint has been employed for 10 continuous minutes to determine if
5. Continuation of Programmatic (Emergency) Physical Holding Restraint

- Personally examines an individual when programmatic physical holding restraint has been employed for 15 continuous minutes to determine if the holding restraint should be extended for an additional 5 minutes for the calm/fading criteria to be met or to consider the use of an alternate intervention such as a restraint device. Documents outcome on the IL462-0123D. (An administrator designated by the Facility Director may approve the 5 minute extension rather than authorized staff).

- Contacts the home/living area supervisor (designated Administrator) prior to an order being written for a chemical restraint in order for an Administrative Review to be accomplished prior to the chemical restraint being administered.

6. Chemical Restraint (Stat Medication for Behavior)

- A licensed health care professional (including an LPN) must obtain vital signs within 5 minutes after administration of a chemical restraint for behavior (stat medication). These vital signs must minimally include pulse, respiration and blood pressure. Additional vital signs should be ordered as determined warranted. Vital sign requirements are to be documented on the IL462-0044RD and vital signs recorded on the IL462-0123D.

- Determines if continuous observation time period following administration of a chemical restraint should exceed the required 1 hour time period and provides monitoring instructions based on the type of medication administered, the behavior which required the administration of the chemical restraint, and other intervention procedures used or in use to address the behavior. Monitoring requirements are to be documented on the IL462-0044RD.

- Personally observes the individual at the conclusion of the required observation period to: assess the
effectiveness of the chemical restraint and to determine if continuous observation can be terminated or requires extension. (May have nurse or trained designated Administrator observe the individual on his or her behalf).

When contacted regarding restraint use determines if additional vital signs are to be obtained. (Pulse, respiration and blood pressure are to be obtained within 10 minutes after the initial application of a restraint). Ensures the requirements for the completion of vital signs are documented on the IL462-0044RD, "Order for Restraint" and the IL462-0123D, "Restraint Record".

Communicates the need for checking temperature within 30 minutes after a restraint device has been applied if the individual has had a fever within 24 hours prior to the application of a restraint. May direct additional temperature checks based on the needs of the individual being restrained. Ensures vital sign information is documented on the IL462-0123D, including reasons why a required vital sign could not be obtained. If a vital sign cannot be obtained within the prescribed time period or as directed by the RN or physician, or if the individual has an abnormal vital sign reading, then an on-duty nurse must be immediately notified so the individual can be promptly assessed and the RN/physician contacted for additional instructions.

? Within 1 hour after restraints have been applied or the administration of a chemical restraint, the staff person who ordered the restraint, or a registered nurse, must inform the individual of his or her right to have any person he or she chooses notified of the restriction of rights pursuant to the Mental Health and Developmental Disabilities Code.

8. Notification of Restraint Use to Persons/Agencies designated by Individual Restrained

? If unplanned restraint is used then the staff person who ordered the restraint, or a registered nurse, is to verbally notify any person and/or agency designated by the individual as soon as possible, but within 12 hours after the initial application of a restraint or the administration of a chemical restraint. A progress note is to be documented in the individual's record confirming verbal contact occurred. Written notification that restraint was employed is to be mailed to the designated person(s) and/or agency(s)
on the 1st work day following the use of restraint using the IL IL462-2004D.

? If a programmatic restraint is used, verbal notification of the designated person(s)/agency(s) is not required if the designated agency and/or person has declined in writing the need to receive verbal notification after each application of restraint. Written notification that restraint was employed is to be mailed to the designated agency and/or person on the first work day following the use of restraint using the IL462-2004D unless alternate methods of written notification have been specifically identified in the individual's Habilitation Plan. Notification is to occur as specified in the individual's Behavior Intervention Program.

Physician Only ? Documents authorization of a modification to a physical holding restraint when such modification is required due to an individual's medical/physical condition or to maintain proper (natural) body alignment in the text of an individual's Behavior Intervention Program.

? After review and approval by the individual's IDT, the BIC and the HRC provides the medical justification for medically necessary modifications to a physical holding restraint to the SODC Director prior to the first day the modified physical holding restraint will be used to afford the SODC Director (or his or her designee) sufficient time to notify the Chairperson of the CCRT or prior to the first day the modification is employed.

? The person who orders restraint must inform the Facility Director (or his or her designee), in writing, of the restraint used by means of the IL462-0123D. Such written notification must occur as soon as practicable, but within 24 hours after the initial application of restraint or administration of a chemical restraint.

? The authorized person or other individual designated in SODC policy will send a "Notice Regarding Restriction of Rights of an Individual", (IL462-2004D) form to the designated person(s)/agency(s).
11. Plan of Action to Eliminate Restraint

As designated in SODC policy the psychologist (or behavior analyst) in conjunction with the HPC/QMRP addresses the plan of action to eliminate restraint use following each application of restraint or administration of a chemical restraint using the SODC Report/Protocol "Supplemental Report on the Use of Restraint and/or Emergency Behavior Intervention Procedures".


12. Restraint Reports


SUBJECT

D. QUALIFIED STAFF MEMBER

If there is a situation that requires the immediate use of a physical holding restraint or a restraint device and an authorized person is not immediately available, may initiate the temporary use of restraint. The temporary initiation of restraint requires:

- documentation of the clinical assessment; and documentation of the temporary initiation of restraint on the IL462-0044RD, "Order for Restraint"
- initiation of the 462-0123D, "Restraint Monitoring Record"
- initiation of the "Supplemental Report on the Use of Restraint and/or Emergency Behavior Intervention Procedures"

As soon as possible, but within 10 minutes after initiation of a temporary restraint device application or 10 minutes after a continuous physical holding restraint, contacts a physician or nurse with supervisory responsibility to:

- confirm the restraint order; and
? render a decision regarding the need for vital signs to be obtained beyond pulse, respiration and blood pressure which are required within the first 10 minutes a restraint device or continuous physical holding restraint being employed.

As a last resort, to prevent an individual from hurting self or others, after less restrictive interventions have failed, applies restraint in the least restrictive manner feasible to safely control the individual's behavior in accord with the circumstances necessitating the use of restraint.

As a last resort, to prevent an individual from hurting self or others, after less restrictive interventions have failed, applies restraint in the least restrictive manner feasible to safely control the individual's behavior in accord with the circumstances necessitating the use of restraint. Uses only approved restraint and approved methods of application in accord with SODC policy for unplanned restraint and in accord with the individual's "Behavior Intervention Program for the Programmatic Use of Restraint". Ensures restraint device is clean and in good repair prior to use Applies restraint in a location where the individual can be provided optimal safety and privacy given the particular circumstances. Ensures the individual's breathing is not obstructed while restrained by:

2. Application of Restraint

? not placing the individual in a prone (face down) position.

? not applying pressure to the individual's chest/trunk

? not placing anything over the individual's face or mouth while restraint is employed

? not holding the individual's jaw or chin in a closed position. Immediately following the application of a restraint device, a qualified staff member searches the individual, and his or her clothing, to remove all objects from the individual for safety reasons. Searches and removal of items from the individual are to be recorded on the IL462-2004D. Objects that are removed must be returned to the individual when he/she is released from the restraint device, unless the individual was not authorized to possess such objects
(i.e., liquor, firearms, drugs and other items prohibited in SODC policy). Disposal of prohibited items shall be in accordance with Department policy.

Within 15 minutes after the initial restraint application notifies the home/living area supervisor (designated Administrator).

Within 2 hours after the initial application of restraint ensures an authorized person personally examines the individual. If the authorized person who orders restraint is not a physician or RN with supervisory responsibility also ensures a physician or RN examines the individual within 2 hours after restraint application.

Limits verbal interaction with the individual who is restrained, as well as other staff in the location where the individual is restrained, due to the behavioral effects such discussion could have on the individual being restrained.

Continuously observes the individual who is being restrained at all times for behavior changes that would indicate: ? the individual has met the calm/fading criteria for release from restraint; ? the restraint being employed is not effectively containing the target behavior and an alternate procedure requires consideration; ? changes in individual's physical condition that are signs of distress requiring the individuals release from restraint and obtaining prompt medical intervention.

Continuously observes the individual for at least 1 hour following administration of a chemical restraint, or for a longer duration, as specified by the physician/RN to: ? determine if the behavior which necessitated the chemical restraint has subsided; ? determine if additional assistance/interventions are warranted requiring prompt contact with an authorized staff person, administrator and/or other clinical staff; ? identify changes in the individual's behavior that
would necessitate obtaining prompt medical intervention.

Checks and documents on the IL462-0123D the pulse, respiration and blood pressure of an individual within 10 minutes after the initial application of a restraint device or within 10 minutes after a continuous physical holding restraint has been employed.

5. Vital Signs

Takes individual's temperature within 30 minutes after restraint application if the individual being restrained has had a fever in the 24 hour time period preceding restraint use.

Completes and documents additional vital signs as directed by the physician or RN with supervisory responsibility.

Releases individual from restraint as follows:

Unplanned (emergency) Physical Holding Restraint

a) When calm/fading criteria is met (not to exceed 1 minute); or

b) After 10 continuous minutes (unless a 5 minute extension has been approved by an authorized person or designated administrator); or

c) When the order for physical holding restraint has expired.

6. Release from Restraint

Programmatic (emergency) Physical Holding Restraint

a) When calm/fading criteria is met (not to exceed 5 minutes); or

b) After 15 continuous minutes (unless a 5 minute extension has been approved by an authorized person or designated administrator); or

c) When the order for the programmatic physical holding restraint has expired.

Unplanned (Emergency) Use of a Restraint Device
7. Periodic Release

Provides individuals an opportunity for release from a restraint device for a minimum of 5 minutes within every hour unless the physician or RN with supervisory responsibility has determined that release from restraint could result in physical harm to the individual or others and has provided instructions regarding the delayed release of the individual.

Specific periodic release requirements are as follows:

? Ambulation for at least 5 minutes within every
? Opportunities for sign language or alternative communication at least 5 minutes within every hour. (If staff person is not knowledgeable of the individual's mode of communication, a staff person who is must be in attendance when the individual's hands are free).

? Liquids and toilet opportunities at least every 2 hours.

? Meals provided at regularly scheduled times or as soon as possible following release from restraint. If the individual meets the calm criteria during a periodic release, the restraint device is not to be re-applied. If an individual is removed from a restraint device within the initial time limits of the restraint order, staff may re-apply the restraint device without obtaining a new order if the original restraint device has not expired and the individual has been out of restraints for no more than 2 hours. If the individual missed his or her bath/shower while in restraint, the individual should be afforded the opportunity for a bath/shower as soon as possible after the restraint is removed.

Initiates the IL462-2004D, "Notice Regarding Restriction of Rights of an Individual", the IL462-0123D, "Restraint Monitoring Record", the "Supplemental Report on the Use of Restraint and/or Emergency Behavior Intervention Procedures" and records data in accordance with the SODC's Restraint policy, form guidelines and this Directive.

Documents the clinical assessment and the initiation of the restraint on the IL462-0044D in the absence of an authorized person.

Documents information specified on the IL462-0123D at least every 15 minutes while a restraint device is being used and documents more frequently if significant events occur prior to the required 15 minute documentation period. Documents required information on the IL462-0123D for at least every 5 minute time period a physical holding restraint is being used. Documents observation information in accord with monitoring instructions on the IL462-0123D at least every 15 minutes until the continuous
9. Debriefing

Observation time period has been terminated by the physician/RN (a nurse or trained designated administrator may accomplish this observation on the physician/RN's behalf).

Discusses with the individual, after he or she is released from restraint, the reason restraint was employed and the alternative behaviors that he or she might use to avoid restraint in the future using the method of communication that will best facilitate the individual's understanding of the information.

SUBJECT E. INTERDISCIPLINARY TEAM

An individualized Behavior Intervention Program that includes the use of a restraint device or physical holding restraint must be developed by the individual's Interdisciplinary Team, which minimally includes the individual, his or her guardian, a physician, RN, and a psychologist or behavior analyst.

Must meet within 5 working days after the third occurrence of an unplanned emergency restraint that occurs within a 6 month time period to evaluate the individual's Habilitation Plan and to revise it as necessary. (This includes the third use of a chemical restraint in a 6 month time period). The Interdisciplinary Team's evaluation is to include:

* Why the individual needed restraint;

* What alternative methods were tried and determined ineffective/unsuitable and why;

2. Unplanned Use of Restraint

* The potential for restraint use in the future;

* What aspects of the habilitation plan should be changed to lower the probability of restraint (establishing a Behavior Intervention Program that incorporates the use of restraint; etc.);

* Agreement regarding the adequacy of the functional analysis;

* The need to obtain consultations (including target date(s) and person(s) responsible).

? The interdisciplinary team's deliberations regarding whether to include the use of a physical holding
restraint or restraint device in a behavior intervention program rather than continue the use of restraint on an unplanned emergency basis should include:

* Consideration of an individual's right to an impartial review of the proposed restrictive procedure by the Behavior Intervention Committee (BIC) and Human Rights Committee (HRC) which affords the individual and/or his or her guardian the opportunity to provide consent for the restraint to be used.

* Consideration of the increased risk potential from inconsistent application of behavior intervention procedures in response to similar behavioral circumstances when restraint is used on an unplanned emergency basis rather than as an integral component of a Behavior Intervention Program.

* Consideration regarding the potential need for the use of restraint with the individual in the future.

F. BEHAVIOR INTERVENTION & HUMAN RIGHTS COMMITTEES

BIC

Reviews and approves the inclusion of physical holding restraint and restraint devices in a Behavior Intervention Program following a detailed review of information substantiating the need for the programmatic use of restraint. (Refer to Policy and Procedures Directive 02.06.03.09, "Behavior Intervention Review Procedures for Individuals with Developmental Disabilities").

HRC

Reviews and approves the inclusion of physical holding and restraint devices in a Behavior Intervention Program focusing on rights review requirements being met.

Monitors Behavior Intervention Programs which include restraint for program effectiveness and continued use at least every 6 months.

Provides a recommendation to the Facility Director regarding all IDT requests not to include restraint in a Behavior Intervention Program when use of physical holding restraint and/or a restraint device has
occurred 3 times in a 6 month time period. Provides a recommendation to the Facility Director regarding all IDT requests not to remove restraint from a Behavior Intervention Program when the restraint has not been used for 12 months.

3. Staff Training
   HRC is to monitor staff restraint training
   BIC

Reviews all occurrences of restraint, including the administration of chemical restraint, to ensure timely programmatic action is occurring by the Interdisciplinary Team.

4. Restraint Use Monitoring & Review
   Reviews Behavior Drill data to ensure all components of the Behavior Intervention Program, which include the use of restraint, have been addressed.
   HRC

Reviews all occurrences of restraint including the administration of chemical restraint and obtains additional information as warranted regarding reasons for individuals being restrained, the unplanned use of restraint, the frequency of restraint, etc. to ensure compliance with applicable policies and procedures and to safeguard the rights of the individual who was restrained.
   BIC

Reviews Behavior Intervention Programs to ensure they are individualized.

G. CCRT RESPONSIBILITIES
   Provides prior written approval for exceptions to any aspect of Policy and Procedure Directive 02.06.03.06 including:

   1. Approvals & Exceptions to Restraint
      PPD

      ? Authorizing a calm/fading criteria exceeding 5 minutes when a programmatic physical holding restraint is employed or 15 minutes when a programmatic restraint device is employed.

      ? Providing written authorization for alterations to an approved restraint device, approved method of restraint application and/or approved physical
holding restraint.

* Prior approval of the CCRT for modification of a physical holding restraint to accommodate an individual's medical/physical or to maintain proper (natural) body alignment is not required unless it involves placing the individual in a prone position (on his or her stomach); however, notification of the chairperson of the CCRT (by the SODC Director) is required on or before the first day the modification is employed.

* Modifications to approved restraint devices or approved methods of restraint device application also requires authorization by the device manufacturer (which should be obtained prior to CCRT approval).

? Authorizing additions to the list of restraint devices and physical holding restraints that have been approved for use in SODC's.

? Providing prior written authorization for more than a 6 point restraint to be used with an individual.

? Providing prior written authorization for more than 5 staff to apply a physical holding restraint and/or for a restraint device.

? Providing prior written authorization for a physical holding restraint to be used with an individual in other than a supine (face up) position.

2. Approved Restraint Devices & Physical Holds

Reviews and approves at least annually, the list of approved restraint devices and the physical holds taught in the Restraint Training Curriculum and Aggression Management Training Curriculum courses.

VI. TIME FRAMES ASSOCIATED WITH THE USE OF RESTRAINT AND RELATED REQUIREMENTS

<table>
<thead>
<tr>
<th>ISSUE</th>
<th>CHEMICAL RESTRAINT</th>
<th>PHYSICAL HOLDING</th>
<th>RESTRRAINT DEVICE</th>
<th>RESTRAINT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>who may order restraint</td>
<td>Physician</td>
<td>*qualified staff (only temporary) *authorized person</td>
<td>*qualified staff (only temporary) *authorized person</td>
<td></td>
</tr>
<tr>
<td>-------------------------</td>
<td>-----------</td>
<td>-----------------------------------------------</td>
<td>-----------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>length of single restraint</td>
<td>1 stat dose per order (maximum time period)</td>
<td>12 hours</td>
<td>1 hour</td>
<td></td>
</tr>
<tr>
<td>*10 minutes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>calm criteria (maximum time period)</td>
<td>N/A</td>
<td>*15 minutes if approved by behavior analyst or psychologist</td>
<td>*1 minute if unplanned</td>
<td></td>
</tr>
<tr>
<td>*5 minutes if programmatic</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>notify MD/RN for vitals and to confirm order</td>
<td>N/A</td>
<td>Within 10 minutes</td>
<td>Within 10 minutes</td>
<td></td>
</tr>
<tr>
<td>personal examination by MD/RN</td>
<td>Prior to order</td>
<td>Within 2 hours</td>
<td>Within 2 hours</td>
<td></td>
</tr>
<tr>
<td>notify authorized person</td>
<td>N/A</td>
<td>Within 15 minutes</td>
<td>Within 15 minutes</td>
<td></td>
</tr>
<tr>
<td>notify home/living area supervisor (designated administrator)</td>
<td>Prior to order</td>
<td>Within 15 minutes</td>
<td>Within 15 minutes</td>
<td></td>
</tr>
<tr>
<td>notify facility director verbally</td>
<td>Within 1 hour</td>
<td>Within 1 hour</td>
<td>Within 1 hour</td>
<td></td>
</tr>
<tr>
<td>notify facility director in writing</td>
<td>Within 24 hours</td>
<td>Within 24 hours</td>
<td>Within 24 hours</td>
<td></td>
</tr>
<tr>
<td>inform person being restrained of notification of rights to designated person(s)/agency(s)</td>
<td>Within 1 hour</td>
<td>Within 1 hour</td>
<td>Within 1 hour</td>
<td></td>
</tr>
<tr>
<td>notify verbally designated person(s)/agency(s) of rights restriction</td>
<td>Within 12 hours or per BIP</td>
<td>Within 12 hours or per BIP</td>
<td>Within 12 hours or per BIP</td>
<td></td>
</tr>
<tr>
<td>notify in writing designated person(s)/agency(s) of rights restriction</td>
<td>1st working day after restraint application or per BIP</td>
<td>1st working day after restraint application or per BIP</td>
<td></td>
<td></td>
</tr>
<tr>
<td>temporary order validated by authorized person</td>
<td>N/A</td>
<td>Within 2 hours</td>
<td>Within 2 hours</td>
<td></td>
</tr>
<tr>
<td>periodic release (ambulation, toileting, liquids, meals, sign language)</td>
<td>N/A</td>
<td>at least 5 minutes within each hour or at least every 55 minutes</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>length of single restraint</td>
<td>N/A</td>
<td>55 minutes</td>
<td>unplanned: 10 continuous</td>
<td></td>
</tr>
</tbody>
</table>
application (maximum time period)

The maximum time period a physical holding restraint can be extended past the initial 10 continuous minutes for unplanned, or 15 continuous minutes for programmatic by an authorized person or administrator designated by the Facility Director.

maximum cumulative time in restraint during one restraint order

N/A

All or part of the time period of the restraint order (minus time for periodic release)

Unplanned: 30 minutes
Programmatic: 40 minutes

maximum number of reapplications during one restraint order

N/A

as needed

Unplanned: 2 separate applications of 10 continuous minutes with no more than a 5 minute extension each to achieve calm criteria; non-continuous may be reapplied up to a maximum of 30 minutes.
Programmatic: 2 separate applications of 15

minutes which can be extended by 5 minutes for maximum of 15 continuous minutes and repeated a second time (10 min. & 5 min.) during a 1 hour order for a second behavioral episode. No more than 30 non-continuous minutes within a 1 hour order.

programmatic: 15 minutes which can be extended by 5 minutes for calm criteria to be met for a maximum of 20 continuous minutes and repeated a second time during a 1 hour restraint order for a second behavioral episode. No more than 40 non-continuous minutes within a 1 hour order.
Continuous minutes with no more than a 5 minute extension each; non-continuous may be reapplied up to a maximum of 40 minutes.

Vital Signs

? Pulse, respiration, blood pressure
- Within 5 minutes of administration by licensed health care professional as ordered by RN/MD
- As ordered by RN/MD
- Within 10 minutes or as ordered by RN/MD
- Within 10 minutes when continuous physical holding restraint is employed

? Temperature
- As ordered by RN/MD
- Within 30 minutes if the individual had a fever within 24 hours prior to the application of a restraint
- Within 30 minutes if the individual had a temperature within 24 hours prior to the application of a restraint
- Continuously for at least 1 hour after administration or as ordered by MD/RN
- Continuously during restraint application

Observation Requirements

- Continuously during restraint application

Authorized by:

Linda Reneé Baker
Secretary

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