EMERGENCY PROTECTIVE SUPPORTS
OFFICE FOR CITIZENS WITH DEVELOPMENTAL DISABILITIES
WAIVER SUPPORTS AND SERVICES

I. POLICY STATEMENT

It is the policy of the Office for Citizens with Developmental Disabilities (OCDD) to allow the use of protective supports and procedures only when necessary to protect an individual or others from injury. (NOTE: Protective supports and procedures is the OCDD chosen term to refer to restraints.)

- Protective supports and procedures may only be used in response to a crisis presenting an imminent and grave risk of injury to self or others or only when necessary as a health-related protection when prescribed by a physician.
- The use of protective supports and procedures that limit mobility or access is strongly discouraged and limited to use as a last resort when other methods have been determined to be ineffective in assuring health and safety.
- The use and type of protective supports and procedures must be the least restrictive and intrusive to the person’s dignity, liberty and autonomy that are effective in preventing injury.
- Medical Protective supports and procedures can only be used in conjunction with a doctor’s order. Medical Protective supports and procedures that may be applied and monitored by provider staff are limited to the use of helmets, mittens, and splints for the purposes of healing or protection during the course of a medical condition (i.e., helmet to prevent head injuries due to a seizure disorder. All other medical protective supports and procedures (i.e., use of a papoose board to complete a medical procedure) must be initiated by a physician or dentist (or his/her staff) in the physician/dentist’s office/hospital/etc under the supervision of the physician/dentist.

The following practices are prohibited:
- Protective supports and procedures may not be used in lieu of appropriate treatment and/or behavioral supports, as coercion, discipline, punishment or for the convenience of or retaliation by staff.
- The use of prone containment (face down), horizontal holds, and mechanical devices to prohibit mobility are strictly prohibited within Waiver Supports and Services (WSS) settings.
- Behavioral Protective supports and procedures may not be used as part of a behavior support
II. PHILOSOPHY

OCDD is committed to offering quality services that promote each individual’s opportunity for personal growth and freedom. Inherent to this mission are systems that encourage personal choices, uphold individual rights, and promote personal safety. When an individual’s actions endanger his or her safety or the safety of others, a conflict between personal freedoms and safety may arise. The most considerate response is to prevent injuries from occurring, even if this may necessitate the temporary use of protective supports and procedures. Protective supports and procedures should only be implemented within the context of stringent limitations designed to protect the individual’s rights and safety. Well-constructed supports shall also be developed to prevent the recurrence of violent episodes and to promote long-term solutions.

III. PURPOSE

The purpose of this policy is to establish standards for the safe and appropriate application of protective supports and procedures and for the development of plans for reducing and/or eliminating the need for protective supports and procedures through effective prevention and treatment services. These standards:

- affirm the rights of individuals served by OCDD;
- establish limitations on the use of protective supports and procedures;
- prohibit the use of seclusion;
- establish procedures for developing, implementing and evaluating plans for treating behaviors and/or altering conditions resulting in protective supports and procedures;
- establish qualifications for staff who may use protective supports and procedures;
- establish procedures for the documentation and oversight of the use of protective supports and procedures; and
- establish procedures for evaluating the success of OCDD in reducing and/or eliminating the use of protective supports and procedures for each individual served.

IV. PROTECTION OF DIGNITY AND RIGHTS

All agencies providing waiver supports and services who serve people who may require the application of protective supports must have systems in place to protect the person’s dignity and rights. While it is important to prevent injury in a crisis, it is also important that methods for restricting people are not abused. For this reason it is important to have methods for ensuring the safe and appropriate application of such procedures, methods for preventing future incidents, and oversight by members of our society who serve to protect the person with a developmental disability.
from misuse of procedures meant for protection. The following are required:

1. Procedures for training staff in safe methods for employing protective supports;
2. Procedures for monitoring the safe use of protective supports;
3. Procedures for documenting and reporting the use of protective supports;
4. Review of protective supports by a properly constituted Human Rights Committee, as defined in this policy.

Requirements for addressing the above are clearly described in the following 2 sections of this policy: Staff Training and Use of Protective Supports

V. STAFF TRAINING AND COMPETENCE

Staff who apply emergency protective supports shall be trained and competent in standardized methods for avoiding the use of emergency protective supports and, when necessary to protect a person as a last resort, implementing physical holds. Parents, guardians, staff, and others who support the person on a daily basis should be trained.

Provider agencies serving people with a pattern (i.e., more than 3 incidents in 6 months) of needing protective supports must assure that staff are present who know methods for avoiding or preventing the use of protective procedures and methods for implementing emergency protective supports when necessary as a last resort. Provider agencies must maintain documentation on which staff have been trained in protective procedures. The following describes required competencies:

- Staff shall demonstrate knowledge of OCDD’s philosophy and policy regarding use of protective supports and procedures as well as knowledge concerning the conditions necessary for implementation of emergency protective supports.

- Staff shall demonstrate competency in the use of procedures taught in the standard State approved program(s) for managing aggressive behaviors or an alternate standardized crisis intervention system that does not use prone (face down) personal restraints. This includes competency-based training in:
  1) Procedures for preventing, de-escalating and/or mediating when emotional behaviors are displayed that may precipitate more aggressive acts;
  2) Procedures for safely applying physical holds as a form of behavioral protective supports and procedures; and
  3) Knowledge of the signs indicating physical distress when an individual is immobilized using an approved behavioral protective support or procedure (i.e., verbal complaints, difficulty breathing, loss of bladder control, choking, lack of responsiveness or alertness, and skin discoloration).
Staff shall demonstrate competency in the use of specific types of emergency protective supports before applying them. Staff shall know how and when to apply the protective supports, when to release the individual, how to document protective supports, procedures for monitoring the person during protective supports and other information pertinent to the safety of administering protective supports and procedures.

Staff shall also know all aspects of strategies contained in the ISP for avoiding or preventing the use of protective supports and any methods for guiding the person more effectively.

Staff responsible for visually and continuously monitoring the person in behavioral protective supports and procedures shall demonstrate competence in the following:

1) Knowledge and implementation of their agencies protective supports policies;
2) Application of protective supports;
3) Recognizing signs of distress;
4) Recognizing when to contact a physician or emergency medical service in order to evaluate and/or treat the individual’s physical status; and
5) Documenting the process and outcomes.

Staff shall demonstrate knowledge/competency in first aid, cardiopulmonary resuscitation, and procedures for accessing emergency medical services rapidly.

Staff shall be trained in all aspects of applying medical protective supports as prescribed by the person’s physician. They must also be trained in strategies for reducing the time in which medical protective supports are required, as described in the person’s ISP. Each agency is required to document training in the essential steps for applying mechanical protective supports and for implementing ISP strategies.

All staff involved in the use of protective supports receive training at least annually and demonstrate 100% proficiency on competency-based performance evaluations concerning the use of preventive procedures and emergency protective supports.

VI. PROCEDURES FOR IMPLEMENTING PROTECTIVE SUPPORTS

All agencies providing waiver services must have a policy to address the use of protective procedures, even if the policy simply forbids the use of protective procedures. However, agencies should realize that protective procedures are used more often than is widely recognized and more often than most people think. The following are examples of the use of protective procedures that people often overlook:

- A person who does not understand street safety begins to run into the street and is held back,
against their will, until a car passes

- A person who does not understand that scratching their stitches will cause harm is given a lightweight cast to cover the stitches until healed
- A person who is upset and hits their face forcefully has their hands guided downwards and held until the person calms.

The purpose of any policy on protective supports is to protect the person’s dignity and rights, and to ensure safety to the degree possible. The following outlines the minimum components that must be addressed by each agency.

A. Each agency must define the limitations on the use of protective supports within the agency in a manner that is consistent with this policy.

B. Each agency must have a system for identifying who is qualified to implement protective supports within the agency.

1. The agency must maintain a system for tracking which staff are trained and when annual re-training is to occur.

C. Each agency must have a system for tracking the use of emergency protective supports and mechanical protective supports, if used.

D. Each agency where emergency protective supports are implemented must have procedures in place to ensure, to the degree possible, the safety of the person and staff. This will require the following:

1. Procedures for providing back up staff in the event of an emergency.
2. Procedures for checking the health of the person during and following emergency protective supports, including checking vital signs, checking for bruises and other injuries, and providing emergency medical services, as needed.
3. Procedures for reporting and documenting events immediately prior to, during, or immediately after emergency protective procedures have been implemented and the safety actions that the supervisor will take to maximize the safety of the person and others.
4. Procedures for addressing incidents that led to the use of emergency protective supports, including the development of a Positive Behavioral Supports Procedures to address the identified behavioral challenges resulting in the need for emergency protective supports that will include strategies for preventing or avoiding future incidents and will be integrated into within the ISP.
5. Procedures reviewing incidents within 24 hours, with the goal of preventing future actions, and procedures for acting quickly to prevent or avoid future incidents.

VII. DOCUMENTING AND REPORTING
A. For each episode of protective supports and procedures, the OCDD critical incident reporting form shall be completed (see Attachment A) and routed as specified in the critical incident reporting policy.

B. Each agency must also include in its policy/procedure documentation requirements and form. The following data elements must be documented:
   1. Notification of the identified agency staff per policy
   2. Supervision and status of the individual during and following use of the protective support and procedure.
   3. Information about what occurred immediately prior to, during and immediately following the incident.

VIII. TRACKING AND TREND ANALYSIS

A. The agency must maintain a database that enables the organization to pose queries and follow trends concerning the following data:

1. The following frequency measures are not to include allowable mechanical protective supports and procedures applied non-contingently (e.g., mittens, helmets and other devices applied prior to the presence of a specific behavior that is to be prevented). These frequency measures include:
   a. the number of episodes requiring protective supports and procedures per month and year;
   b. the number of episodes involving protective supports and procedures per individual, home, unit (if applicable) and agency;

2. Other frequency measures include:
   a. the number of individuals requiring the use of non-contingent mechanical protective supports and procedures per day, week, month, and year (e.g., mittens, helmets, and other devices applied prior to the presence of a specific behavior that is to be prevented);
   b. the number of minor injuries, serious injuries, and deaths, if any, associated with protective supports and procedures.

3. Duration measures include for non-contingent mechanical protective supports and procedures (e.g., mittens, helmets, and devices applied prior to the presence of a specific behavior that is to be prevented), the average time of usage per individual per day, week, month, and year.

B. At minimum, the following data trends shall be reviewed by OCDD’s Quality Steering Committee at least quarterly:

1. the number of behavioral protective supports and procedures episodes per agency;
2. the number of medical protective supports and procedures per agency;
3. the duration of non-contingent mechanical protective supports and procedures (as described above) per agency;
4. the number of times each type of protective supports and procedures is used
5. the number of minor injuries, serious injuries and deaths, if any, associated with protective supports and procedures.

IX. CONSIDERATION OF OPTIONAL PROTECTIVE SUPPORTS

This policy is not expected to cover every possible situation in which protective supports may be used in WSS. As medical and behavioral supports improve in community settings, there may also be situations where protective supports are required more frequently (e.g., small home focused on acute psychiatric services). If a provider can demonstrate that temporary strategies involving restraints, other than those described in this policy, do the following, the WSS may provide approval for the procedures.

(1) Demonstrate how implementation is safer for the person;
(2) Demonstrate how implementation protects a person’s dignity and rights;
(3) Demonstrate that the program, overall, will expedite community living for people served and that protective supports utilized are integral.
(4) No policy will be accepted that incorporates seclusion, painful stimuli, physical punishments, or coercion.

IV. DEFINITIONS

**Behavioral Protective supports and procedures** - Behavioral protective supports and procedures are those used to suppress an individual’s behavior, not to include protective supports and procedures utilized when conducting a medical treatment or to promote healing exclusively during the course of a medical illness or injury. Behavioral protective supports and procedures may be planned or unplanned and may involve personal, mechanical, or chemical protective supports and procedures.

**Behavior Support Procedures (BSP)** - Behavior Support Procedures are formal behavioral intervention or teaching techniques developed by an interdisciplinary team. These procedures may include techniques to treat an individual’s identified challenging behaviors.

**Chemical Protective supports and procedures** - Chemical protective supports and procedures are those that involve the use of any medication to non-selectively suppress an individual’s behavior. This includes: (1) the use of medications to achieve a general suppression of behavior via sedation, in response to an individual’s behavior; (2) the long term use of medications for managing behavior without evidence of effectiveness; and (3) the use of medications that lack research support to treat a DSM IV diagnosis or specific behaviors. Chemical protective supports and procedures does not include: (1) medications prescribed in accordance with standard medical practice for the treatment of a medical condition or for the conduct of a medical test (Note: standard medical practice refers to procedures commonly employed with people in the
greater community and does not include separate standards or protocols devised for individual with developmental disabilities); (2) psychotropic medications to selectively treat a DSM-IV diagnosis or specific behaviors for which research supports their use; (3) the use of medications supported by a pharmacological/biochemical hypotheses based on published empirical or theoretical research; (4) the use of “minimal sedation/anxiolysis” (see definition in this policy); and (5) medications typically classified as psychotropic prescribed to treat conditions other than mental disorders (e.g., diazepam for spasticity or haloperidol to treat Huntington’s Chorea.).

Exclusionary Time-out - Exclusionary time-out is a restricted programmatic procedure involving the contingent use of an enclosed area (i.e., time-out room) following a challenging behavior. Exclusionary time-out is not a protective supports and procedures technique. Exclusionary Time-out is prohibited in Waiver Supports and Services settings.

Individualized Support Plan (ISP) – An individualized plan that coordinates supports and services to assist the person in reaching his desired outcomes and reflects the person’s vision, personal preferences, life goals, and diverse formal and informal support needs. The plan is developed by the person and his support team.

Individual Support Team (IST) - The individual support team is the person’s circle of support and assists in developing the ISP. At minimum, this will consist of the person and their support coordinator.

Informed Consent - Informed consent is consent given following the presentation of information to an individual or his/her legal guardian relevant to the individual’s services and their consent for implementation of the plan. At minimum, the information presented shall include the essential components necessary for understanding the potential risks and benefits of the plan. Also, the individual or legal guardian shall be informed of the right to withhold or withdraw consent at any time. When presenting information for consent, it shall be presented in a manner that: (1) maximizes the individual’s or legal guardian’s understanding of the information provided; and (2) ensures that the individual or legal guardian is responding voluntarily.

Mechanical Protective supports and procedures - Mechanical protective supports and procedures involve the application of any physical device to the body of an individual for the purpose of restricting or suppressing the individual’s movement and/or preventing normal access to the body. Mechanical protective supports and procedures includes, but is not limited to bite blocks, helmets (with or without a face mask), mittens, multi-point protective supports and procedures, Papoose board, posey device/ankle cuff, posy device/wrist cuff, soft stockinettes, and wheelchair with seatbelt. Use of helmets and mittens will be considered on an individual basis for either behavioral

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1 For a more comprehensive discussion of chemical protective supports and procedures see “Psychotropic Medications” in the State of Louisiana’s Guidelines for Behavioral Support: A Person Centered Approach. Also, refer to Psychotropic Medications and Developmental Disabilities: The International Consensus Handbook.
or medical needs. The remaining forms of mechanical protective supports and procedures are prohibited in Waiver Supports and Services settings.

**Medical Protective supports and procedures** - Medical protective supports and procedures are those applied as a health-related protection that are prescribed by a licensed physician, licensed dentist or licensed podiatrist. Such protective supports and procedures are only used when absolutely necessary during the conduct of a specific medical or surgical procedure, or when absolutely necessary for the individual’s protection during the time that a medical condition exists. Medical Protective supports and procedures that may be applied and monitored by Waiver staff are limited to the use of helmets, mittens, and splints for the purposes of healing or protection during the course of a medical condition (i.e., helmet to prevent head injuries due to a seizure disorder). All other medical protective supports and procedures (i.e., use of a papoose board to complete a medical procedure) must be initiated by a physician (or his/her staff) in the physician’s office/hospital/etc under the supervision of the physician.

**Orthopedic Appliances** - Orthopedic appliances include any mechanical device designed to improve mobility, to increase postural support or to minimize a physical disability; they are not considered protective supports and procedures. They must be recommended by a licensed occupational or physical therapist and prescribed by a physician. The individual’s need for an appliance and logistics concerning where, when, what and how an appliance is to be utilized shall be clearly documented.

**Personal Protective supports and procedures** - Personal protective supports and procedures involves the application of body pressure to an individual for the purpose of restricting or suppressing the person’s movement. This does not include approved techniques such as physical guidance, redirection and escorts involving brief holds of less than 30 seconds in which no aggressive resistance is observed. Transports are not considered protective supports and procedures unless the person verbally refuses or aggressively resists the transport.

**Protective supports and procedures** - Protective supports and procedures is the direct application of a physical hold (personal protective supports and procedures), mechanical device (mechanical protective supports and procedures), and/or medication (chemical protective supports and procedures) for the purpose of restricting or suppressing an individual’s movement or preventing an individual access to his/her body.

When more than one type of protective supports and procedures is used in succession, the most restrictive procedure is counted. Physical holds are considered the least restrictive protective supports and procedures procedure and chemical protective supports and procedures are considered the most restrictive. Thus, if a physical hold is used while applying a mechanical device, this is counted as one mechanical protective supports and procedures. However, all procedures that are used during the episode are documented.
The following is a partial list of actions that are sometimes confused with protective supports and procedures, but are not protective supports and procedures:

- the use of orthopedic appliances or medical procedures in accordance with standard medical practices in the community;
- approved techniques such as physical guidance, redirection and escorts involving brief holds of less than 30 seconds in which no aggressive resistance is observed; and
- transports (physically moving an individual from one place to another) whereby no aggressive resistance is observed and/or the individual does not verbally or nonverbally (e.g., gestures, pulling away, vocalizing dislike when touched) refuse the transport.

**Seclusion** - Seclusion refers to the involuntary confinement of an individual in a locked room and is prohibited.