Opportunity Partners

OP-ISS-05: POLICY AND PROCEDURE ON EMERGENCY USE OF MANUAL RESTRAINT

New 1/1/14, Updated 1/1/2017

I. PURPOSE

The purpose of this policy is to promote service recipient rights**,** ~~and~~ protect the health and safety of persons served **and to** promote appropriate and safe interventions needed when addressing dangerous or aggressive situations. *(Applicable MN statute or rule: 245D.06, subd. 1 (a); 245D.06, subd. 5; & 245D.061, subd. 9)*

II. POLICY

It is the policy of this company to ensure the regulations regarding the emergency use of manual restraint are followed. According to MN Statutes, section 245D.02, subdivision 8a, emergency use of manual restraint is defined as "using a manual restraint when a person poses an imminent risk of physical harm to self or others and is the least restrictive intervention that would achieve safety. Property damage, verbal aggression, or a person's refusal to receive or participate in treatment or programming on their own does not constitute an emergency."

The company and its staff are prohibited from using chemical restraints, mechanical restraints, manual restraints, time out, seclusion, or any other aversive or deprivation procedures as a substitute for adequate staffing, for a behavioral or therapeutic program to reduce or eliminate behavior, as punishment, or for staff convenience.

III. PROCEDURE

Positive Support Strategies

A. The company will attempt to de-escalate a person's behavior before it poses an imminent risk of physical harm to self or others. Some of the following procedures could be used to de-escalate the situation and are options that could be implemented by staff. This is not a fully inclusive list of options that could include:
   1. A calm discussion between the person served and direct support staff regarding the situation, the person's feelings, their responses, and alternative methods to handling the situation.
   2. A staff asking if the person wants to participate in an activity they enjoy as a means to self-calm.
   3. A staff may remind the person served that they have the option~~s~~ to choose to spend time alone, when safety permits, as a means to self-calm.
   4. The individualized strategies that have been written into the person's *Coordinated Service and Support Plan* and/or *Coordinated Service and Support Plan Addendum, Positive Support Plan,* or *Positive Support Transition Plan*.
   5. The implementation of instructional techniques and intervention procedures that are listed as "permitted actions and procedures" as defined in Letter B of **the Positive Support Strategies** section.
   6. Verbal de-escalation techniques.
   7. A combination of any of the above.

B. Permitted actions and procedures include the use of instructional techniques and intervention procedures used on an intermittent or continuous basis. If used on a continuous basis, it must be addressed in the person's *Coordinated Service and Support Plan Addendum*. These actions include:
   1. Physical contact or instructional techniques that are the least restrictive alternative possible to meet the needs of the person and may be used to:
      a. Calm or comfort a person by holding that person with no resistance from that person.
      b. Protect a person known to be at risk or injury due to frequent falls as a result of a medical condition.
      c. Facilitate the person's completion of a task or response when the person does not resist or the person's resistance is minimal in intensity or duration.
      d. Block or redirect a person's limbs or body without holding the person or limiting the person's movement to interrupt the person's behavior that may result in injury to self or others with less than 60seconds of physical contact by staff;
      e. Redirect a person's behavior when the behavior does not pose a serious threat to the person or others and the behavior is effectively redirected with less than 60 seconds of physical contact by staff.

2. Restraint may be used as an intervention procedure to:
   a. Allow a licensed health care professional to safely conduct a medical examination or to provide medical treatment ordered by a licensed health care professional.
   b. Assist in the safe evacuation or redirection of a person in the event of an emergency and the person is at imminent risk of harm. This use of manual restraint allowed here must comply with the restrictions stated in the section of this policy **Emergency Use of Manual Restraint – Special Circumstances**, Letter B.
   c. Position a person with physical disabilities in a manner specified in their *Coordinated Service and Support Plan Addendum.* Any use of manual restraint allowed in this paragraph must comply with the restrictions stated in the section of this policy **Emergency Use of Manual Restraint – Special Circumstances**, Letter C
3. Use of adaptive aids or equipment, orthotic devices, or other medical equipment ordered by a licensed health professional to treat a diagnosed medical condition do not in and of themselves constitute the use of mechanical restraint.

Positive Support Transition Plans

Opportunity Partners will develop a *Positive Support Transition Plan* on forms provided by the Department of Human Services and in the manner directed for a person served who requires intervention in order to maintain safety when it is known that the person's behavior poses an immediate risk of physical harm to self or others. This *Positive Support Transition Plan* will phase out any existing plans for the emergency use or programmatic use of restrictive interventions **(formerly Rule 40)** prohibited under MN Statutes, chapter 245D.

A *Positive Support Transition Plan* is a plan that is developed by the Expanded Support Team to eliminate the use of prohibited procedures, avoid the emergency use of manual restraints, and prevent the person from physically harming himself/herself and/or others.

If an Emergency Use of Manual Restraint is used 3 times in 90 days or 4 times within 180 days a *Positive Support Transition Plan* will be developed with the person and their team.

Emergency use of Manual Restraint – Not Permitted

A. While rule 245D does allow for the Emergency use of Manual Restraint, Opportunity Partners does not permit its use by staff unless there is an exception granted by director approval.

B. If positive support strategies are not effective in de-escalating or eliminating the person's dangerous or aggressive actions and the person appears to be continuing to escalate to a point of imminent danger to self or others, staff should:
   1. Attempt to move any other persons in harm's way away from the area, if they have not already been moved.
   2. Consult a supervisor regarding a call to 911.
   3. If a supervisor is not readily available, call 911 to achieve immediate safety.
   4. Keep a safe distance from the person, and put a barrier between you, other persons and the person presenting the risk if possible.
   5. Continue de-escalation techniques as possible and appropriate.

C. The following conditions, on their own, are not conditions requiring a call to 911:
   1. The person is engaging in property destruction that does not cause imminent risk of physical harm.
   2. The person is engaging in verbal aggression with staff or others.
   3. A person's refusal to receive or participate in treatment of programming.

Emergency Use of Manual Restraint - Special Circumstances

A. If a person's actions escalate over time and seem to be building to a more dangerous risk level, the person and their team, including their Opportunity Partners' representatives will meet to discuss alternative de-escalation plans to initiate, and a formal plan will be implemented. At that time, it may also be determined that it is

possible the person's actions may begin to present an imminent risk of harm to themselves or others. If that is the case, Opportunity Partner's management may decide to allow the use of emergency use of manual restraint at the location(s) where the person receives services, temporarily, while other plans and supports are being developed and put into action. This exception must have the program(s)' Directors' approval. If that should happen, the following applies.

1. The following conditions, on their own, are not conditions for emergency use of manual restraint:
   a. The person is engaging in property destruction that does not cause imminent risk of physical harm.
   b. The person is engaging in verbal aggression with staff or others.
   c. A person's refusal to receive or participate in treatment of programming.

2. Emergency use of manual restraint procedures must not:
   a. Be implemented with a child in a manner that constitutes sexual abuse, neglect, physical abuse, or mental injury as defined in MN Statutes, section 626.556, subdivision 2.
   b. Be implemented with an adult in a manner that constitutes abuse or neglect as defined in MN Statutes, section 626.5572, subdivisions 2 and 17.
   c. Be implemented in a manner that violates a person's rights and protections identified in MN Statutes, section 245D.04.
   d. Restrict a person's normal access to a nutritious diet, drinking water, adequate ventilation, necessary medical care, ordinary hygiene facilities, normal sleeping conditions, or necessary clothing, or to any protection required by state licensing standards and federal regulations governing the program.
   e. Deny the person visitation or ordinary contact with legal counsel, a legal representative, or next of kin.
   f. Be used as a substitute for adequate staffing, for the convenience of staff, as punishment, or as a consequence if the person refuses to participate in the treatment of services provided by the company.
   g. Use prone restraint (that places a person in a face-down position).
   h. Apply back or chest pressure while a person is in the prone or supine (face-up) position.
   i. Be implemented in a manner that is contraindicated for any of the person's known medical or psychological limitations.

3. The company only allows certain types of manual restraints which may be used by staff on an emergency basis. Detailed instructions on the safe and correct implementation of these allowed manual restraint procedures are included at the end of this policy under section IV. These allowed manual restraints include the following:
   a. Team support position
   b. Standing calming position
   c. Sitting calming position

4. If a person's licensed health care professional or mental health professional has determined that a manual restraint would be medically or psychologically contraindicated, the company will not use a manual restraint to eliminate the immediate risk of harm and effectively achieve safety. As part of service initiation planning, the Designated Coordinator and/or Designated Manager will complete an assessment to determine if the allowed manual restraints would be contraindicated for each person served. This statement of whether or not a manual restraint would be medically or psychologically contraindicated will be completed as part of service initiation planning.

Monitoring of Emergency Use of Manual Restraint

A. Each single incident of emergency use of manual restraint must be monitored and reported separately. For this understanding, an incident of emergency use of manual restraint is a single incident when the following conditions have been met:

1. After implementing the manual restraint, staff attempt to release the person at the moment staff believe the person's conduct no longer poses an imminent risk of physical harm to self or others and less restrictive strategies can be implemented to maintain safety.
2. Upon the attempt to release the restraint, the person's behavior immediately re-escalates and staff must immediately re-implement the restraint in order to maintain safety.

B. During an emergency use of manual restraint, the company will monitor a person's health and safety. Staff monitoring the manual restraint procedure will not be the staff implementing the procedure, when possible. A monitoring form will be completed by the staff person for each incident of emergency use of manual restraint to ensure:
   1. Only manual restraints allowed according to this policy are implemented.
   2. Manual restraints that have been determined to be contraindicated for a person are not implemented with that person.
   3. Allowed manual restraints are implemented only by staff trained in their use.
   4. The restraint is being implemented properly as required.
   5. The mental, physical, and emotional condition of the person who is being manually restrained is being assessed and intervention is provided when necessary to maintain the person's health and safety and prevent injury to the person, staff involved, or others involved.

Reporting of Emergency Use of Manual Restraint

A. Reporting of the incident of emergency use of manual restraint will be completed according to the following process and will contain all required information per MN Statutes, sections 245D.06, subdivision 1 and 245D.061, subdivision 5.

B. Within 24 hours of the emergency use of manual restraint, the company will make a verbal report regarding the incident to the legal representative or designated emergency contact and case manager. If other persons served were involved in the incident, the company will not disclose any personally identifiable information about any other person when making the report unless the company has the consent of the person.

C. Within three (3) calendar days of the emergency use of manual restraint, the staff who implemented the emergency use of manual restraint will report, in writing, to the Designated Coordinator and/or Designated Manager the following information:
   1. The staff and person(s) served who were involved in the incident leading up to the emergency use of manual restraint.
   2. A description of the physical and social environment, including who was present before and during the incident leading up to the emergency use of manual restraint.
   3. A description of what less restrictive alternative measures were attempted to de-escalate the incident and maintain safety before the manual restraint was implemented. This description must identify the when, how, and how long the alternative measures were attempted before the manual restraint was implemented.
   4. A description of the mental, physical, and emotional condition of the person who was restrained, and other persons involved in the incident leading up to, during, and following the manual restraint.
   5. Whether there was any injury to the person who was restrained or other persons involved, including staff, before or as a result of the manual restraint use.
   6. Whether there was a debriefing with the staff, and, if not contraindicated, with the person who was restrained and other persons who were involved in or who witnessed the restraint, following the incident. The outcome of the debriefing will be clearly documented and if the debriefing could not occur at the time of the incident, the report will identify whether a debriefing is planned in the future.

D. Within five (5) working days of the emergency use of manual restraint, the Designated Manager will complete and document an internal review of each report of emergency use of manual restraint. The internal review will include an evaluation of whether:
   1. The person's served service and support strategies developed according to MN Statutes, sections 245D.07 and 245D.071 need to be revised.

2. Related policies and procedures were followed.
3. The policies and procedures were adequate.
4. There is a need for additional staff training.
5. The reported event is similar to past events with the persons, staff, or the services involved.
6. There is a need for corrective action by the company to protect the health and safety of the person(s) served.

E. Based upon the results of the internal review, the Designated Manager will develop, document, and implement a corrective action plan for the program designed to correct current lapses and prevent future lapses in performance by the individuals or the company, if any. The Designated Manager will ensure that the corrective action plan, if any, will be implemented within 30 days of the internal review being completed.

F. Within five (5) working days after the completion of the internal review, the Designated Coordinator and/or Designated Manager will consult with the person's expanded support team following the emergency use of manual restraint. The purpose of this consultation is to:
   1. Discuss the incident and to define the antecedent or event that gave rise to the behavior resulting in the manual restraint and identify the perceived function the behavior served.
   2. Determine whether the person's served *Coordinated Service and Support Plan Addendum* needs to be revised to positively and effectively help the person maintain stability and to reduce or eliminate future occurrences requiring emergency use of manual restraint.

G. Within five (5) working dates of the expanded support team review, the Designated Manager or designee will submit, using the DHS online *Behavioral Intervention Reporting Form* (DHS-5148-ENG-1), the following information to the Department of Human Services and the Office of the Ombudsman for Mental Health and Developmental Disabilities:
   1. The report of the emergency use of manual restraint.
   2. The internal review and corrective action plan, if any.
   3. The written summary of the expanded support team's discussion and decision.

H. The following written information will be maintained in the person's service recipient record:
   1. The report of an emergency use of manual restraint incident that includes:
      a. Reporting requirements by the staff who implemented the restraint
      b. The internal review of emergency use of manual restraint and the corrective action plan, with information about implementation of correction within 30 days, if any
      c. The written summary of the expanded support team's discussion and decision
      d. The notifications to the expanded support team, the Department of Human Services, and the MN Office of the Ombudsman for Mental Health and Developmental Disabilities
   2. The DHS's "commissioner approved" monitoring form.
   3. The PDF version of the completed and submitted DHS online *Behavioral Intervention Reporting Form* (DHS-5148-ENG-1). An email of this PDF version of the *Behavioral Intervention Reporting Form* will be sent to the MN-ITS mailbox assigned to the license holder.

Staff Training Requirements

A. The company recognizes the importance of having qualified and knowledgeable staff that are competently trained to uphold the rights of persons served, to protect persons' health and safety, and to promote appropriate and safe interventions.

B. All staff will be trained according to MN Statutes, section 245D.09, subdivisions 4 and 5 with the exception of point (iii) in subdivision 4 related to training on simulated experiences of administering and receiving manual restraint procedures. See letter C below for when that type of training will occur.
   1. This training will occur before having unsupervised contact with persons served and
   2. Annually thereafter

C. If staff will be permitted to temporarily use emergency use of manual restraint, they will receive training according to MN Statutes, section 245D.09, subdivisions 4 and 5 in its entirety before being permitted to perform an emergency use of manual restraint. They will further continue to practice and be retrained on those techniques quarterly until the temporary permission for their use is removed.

D. Prior to having unsupervised direct contact with a person served by the company or for whom the staff has not previously provided support, or any time the plans or procedures are revised as they relate to the staff person's job functions for the persons served, the staff person must review and receive instruction on:
   1. What constitutes use of restraints, time out, and seclusion including chemical restraints.
   2. Staff responsibilities related to the prohibitions of their use according to this policy and MN Statutes, section 245D.06, subdivision 5.
   3. Why such procedures are not effective for reducing or eliminating symptoms or undesired behavior and why they are not safe.
   4. The safe and correct use of the allowed manual restraints on an emergency basis according to company policy and MN Statutes, section 245D.061.

E. Before staff may implement an emergency use of manual restraint, and in addition to the training on this policy and procedure and the orientation and annual training requirements, staff must receive training on emergency use of manual restraints that incorporates the following topics:
   1. Alternatives to manual restraint procedures including techniques to identify events and environmental factors that may escalate conduct that poses an imminent risk of physical harm to self or others.
   2. De-escalation methods, positive support strategies, and how to avoid power struggles.
   3. Simulated experiences of administering and receiving manual restraint procedures allowed by the company on an emergency basis.
   4. How to properly identify thresholds for implementing and ceasing restrictive procedures.
   5. How to recognize, monitor, and respond to the person's physical signs of distress including positional asphyxia.
   6. The physiological and psychological impact on the person and the staff when restrictive procedures are used.
   7. The communicative intent of behaviors.
   8. Relationship building.

F. Documentation of all orientation and annual staff training along with demonstrated competencies will be maintained in each staff's personnel file.

IV. IF EMERGENCY USE OF MANUAL RESTRAINT IS TEMPORARILY PERMITTED **DETAILED INSTRUCTIONS ON ALLOWED ~~MANUAL RESTRAINT~~ PROCEDURES**

If an emergency use of manual restraint is temporarily permitted and needed, staff will attempt to verbally calm the person down throughout the implemented procedure(s), unless to do so would escalate the person's behavior. The least restrictive manual restraint will be used to effectively handle the situation. If at any time the use of manual restraint appears to be escalating rather than de-escalating the situation, discontinue get yourself and others a safe distance away and call 911.

Team Support Position

The team support position is used to manage individuals who have become a danger to themselves or others.

Stage 1: Two staff members begin by facing the same direction as the individual and on either side of the individual.

Stage 2: Staff members use their outermost hand to grasp the forearm of the individual, place their inside legs in front of the individual and simultaneously adjust so that they are able to maintain close body contact applying firm, but gentle pressure to the side of the individual's body.

Stage 3: Staff members bring the individual's arms across their bodies, securing them to their hip areas and place the hands closest to the individual's shoulders in a C-shape to direct the shoulders forward.

Stage 4: Staff move their bodies close into the person to provide for more stability for the person and themselves.

Standing Support Position (from Team Support Position or from Starting Upright)

Stage 1: Assist the person into a more upright position, if necessary. While continuing to grasp forearms, staff remove hands from the individual's shoulders and reach under the individual's arms to grasp their own wrists.

Stage 2: Staff remove their legs from in front of the individual while maintaining close body contact. Stand with the person until they are calm and stable enough to release.

If one staff person needs to leave, the other may maintain support, if the person is calm enough, by:
Stage 1: One staff person maintains hold of the individual's forearm, but releases grip of their own wrist.

Stage 2: Staff person uses their free arm (the arm closes to the individual) to reach across the individual's body and block or gain control of the other arm.

Sitting Support Position

Stage 1: One staff person sits next to the person and places their hand closest to the person on the person's wrist. Second staff does the same on the other side. Grip should be firm, but not painful.

Stage 2: If this support is not supportive enough to help the person calm, staff will move their hands from the person's wrists under their arm and back to their wrist, then using their other hand to hold onto their upper arm.

Stage 3: Staff will move in close to the person with their body to allow for more stability.

