

Emergency Use of Manual Restraints Policy and Procedure for Basic Services

Policy

It is Lifeworks Services, Inc. policy to promote the rights of persons served and protect their health and safety during an emergency use of a manual restraint by using appropriate and safe interventions when addressing behavioral situations as needed. This policy follows MN Statutes 245D and MN Rules 9544 regarding Positive Support.

Emergency use of manual restraint means using a manual restraint when a person poses an imminent risk of physical harm to self or others and it 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, do not constitute an emergency.

Procedure:

- Lifeworks staff will be provided instructions on prohibited procedures prior to having unsupervised direct contact with the person served. Staff will have orientation and annual training on emergency use of manual restraint as required by MN Statutes 245D.09.

Positive Support Strategies and Techniques:

- A. The following positive support strategies and techniques may be used in an attempt to de-escalate the person's behavior before it poses an imminent risk of physical harm to self or others:
1. Following the persons individualized strategies in a person's coordinated service and support plan (CSSP), CSSP Addendum and positive support transition plan (if applicable);
 2. shift the focus by verbally redirecting the person to a desired alternative activity, offer other choices, simplify the task or routine or discontinue until the person is calm and agrees to participate, create a calm environment by reducing sound, lights, and other factors that may agitate a person, and/or respect the person's need for physical space and privacy; and/or
 3. model desired behavior, reinforce appropriate behavior, actively listen to a person and validate their feelings, use positive verbal guidance and feedback, speak calmly with reassuring words, consider volume, tone and non-verbal communication, and/or use positive verbal guidance and feedback.
- B. A Positive Support Transition Plan is required for a person who has been subjected to 3 incidents of emergency use of manual restraint within 90 days or 4 within 180 days. A plan maybe needed for a person in order to:
1. Eliminate the use of prohibited procedures as identified in this policy;
 2. avoid the emergency use of manual restraint as identified in this policy;
 3. prevent the person from physically harming self or others; or
 4. phase out any existing plans for the emergency or programmatic use of restrictive intervention procedures.

Prohibited and Permitted Actions and Procedures:

A. Prohibited Actions and Procedures:

1. Lifeworks Services, Inc. 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.
 - i. Deprivation procedures are the removal of a positive reinforcement following a response resulting in, or intended to result in, a decrease in the frequency, duration, or intensity of that response. Often times the positive reinforcement available is goods, services, or activities to which the person is normally entitled. The removal is often in the form of a delay or postponement of the positive reinforcement; this does not include temporary withholding or removal of objects being used to hurt self or others.
 - ii. The following actions or procedures are also prohibited:
 - Using prone restraint, metal handcuffs, leg hobbles, using faradic shock;
 - speaking to a person in a manner that ridicules, demeans, threatens, or is abusive;

- using physical intimidation or a show of force;
- containing, restricting, isolating, secluding, or otherwise removing a person from normal activities when it is medically contraindicated or without monitoring the person;
- denying or restricting a person's access to equipment and devices such as walkers, wheelchairs, hearing aids, and communication boards that facilitate the person's functioning; when the temporary removal of the equipment or device is necessary to prevent injury to the person or others or serious damage to the equipment or device, the equipment or device must be returned to the person as soon as imminent risk of injury or serious damage has passed;
- using painful techniques, including intentional infliction of pain or injury, intentional infliction of fear of pain or injury, dehumanization, and degradation;
- hyperextending or twisting a person's body parts, tripping or pushing a person;
- using punishment of any kind;
- requiring a person to assume and maintain a specified physical position or posture, using forced exercise, totally or partially restricting a person's senses;
- presenting intense sounds, lights, or other sensory stimuli;
- using a noxious smell, taste, substance, or spray, including water mist;
- depriving a person of or restricting access to normal goods and services, or requiring a person to earn normal goods and services;
- using token reinforcement programs or level programs that include a response cost or negative punishment component;
- using a person receiving services to discipline another person receiving services;
- using an action or procedure which is medically or psychologically contraindicated;
- using an action or procedure that might restrict or obstruct a person's airway or impair breathing, including techniques whereby individuals use their hands or body to place pressure on a person's head, neck, back, chest, abdomen, or joints;
- interfering with a person's legal rights, except as allowed by MN Statutes, section 245D.04(3)(c);
- mechanical & chemical restraints in accordance with MN Statutes 245D.06(5);
- manual restraints, except in an emergency in accordance with MN Statutes 245D.061; and
- using any other interventions or procedures that may constitute an aversive or deprivation procedure.

B. Permitted Actions and Procedures:

1. Use of the following instructional techniques and intervention procedures used on an intermittent or continuous basis are permitted. When used on a continuous basis, it must be addressed in a person's CSSP Addendum.
2. Positive verbal correction that is specifically focused on the behavior being addressed.
3. Temporary withholding or removal of objects being used to hurt self or others, the equipment or device must be returned to the person as soon as imminent risk of injury or serious damage has passed.
4. Physical contact or instructional techniques must use the least restrictive alternative possible to meet the needs of the person and may be used to:
 - i. Calm or comfort a person by holding that person with no resistance from that person;
 - ii. protect a person known to be at risk or injury due to frequent falls as a result of a medical condition;
 - iii. 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 and duration;
 - iv. 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 60 seconds of physical contact by staff; or
 - v. re-direct 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.
5. Voluntary time out or voluntary removal of or self removal for the purposes of calming, prevention of escalation or de-escalation of a behavior is allowed. Voluntary time out or

separation from the situation or social contact means without being forced, compelled or coerced.

6. Restraints may be used as an intervention procedure to:
 - i. Allow a licensed health care professional to safely conduct a medical examination or to provide medical treatment ordered by a licensed health care professional;
 - ii. 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; or
 - iii. position a person with physical disabilities in a manner specified in their CSSP Addendum. All manual restraints allowed must comply with the section titled *Restrictions When Implementing Emergency Use of Manual Restraint* below.
7. 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.

A. Lifeworks Services, Inc. does not allow the emergency use of manual restraints in Basic Service programs. The following alternative measures must be used by staff to achieve safety when a person's conduct poses an imminent risk to self or others and less restrictive strategies have not achieved safety.

1. Continue to utilize the positive support strategies;
2. continue to follow individualized strategies in a person's coordinated service and support plan and coordinated service and support plan addendum;
3. ask the person an/or others if they would like to move to another area where they may feel safer and calmer;
4. remove objects from the person's immediate environment that they may use to harm self or others; and/or
5. call 911 for law enforcement assistance if the alternative measures listed above are ineffective in order to achieve safety for the person and/or others. While waiting for law enforcement to arrive staff will continue to offer the alternative measures listed above if doing so does not pose a risk of harm to the person and/or others.

Manual Restraint Procedures Are Not Allowed in Emergencies

A. Conditions for Emergency Use of Manual Restraint:

1. Emergency use of manual restraint must meet the following conditions:
 - i. Immediate intervention must be needed to protect the person or others from imminent risk of physical harm;
 - ii. type of manual restraint used must be the least restrictive intervention to eliminate the immediate risk of harm and effectively achieve safety; and
 - iii. manual restraint must end when the threat of harm ends.
2. The following conditions, on their own, are not conditions for emergency use of manual restraint:
 - i. The person is engaging in property destruction that does not cause imminent risk of physical harm;
 - ii. the person is engaging in verbal aggression with staff or others; or
 - iii. a person's refusal to receive or participate in treatment or programming.

B. Restrictions When Implementing Emergency Use of Manual Restraint:

1. Emergency use of manual restraint must not:
 - i. Be implemented with a child in a manner that constitutes sexual abuse, neglect, physical abuse, or mental injury;
 - ii. be implemented with an adult in a manner that constitutes abuse or neglect;
 - iii. be implemented in a manner that violates a person's rights and protection;
 - iv. be implemented in a manner that is medically or psychologically contraindicated for a person;
 - v. 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;

- vi. restrict a person's normal access to any protection required by state licensing standards and federal regulations governing this program;
 - vii. deny a person visitation or ordinary contact with legal counsel, a legal representative, or next of kin;
 - viii. 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 or services provided by this program;
 - ix. use prone restraint. "Prone restraint" means use of manual restraint that places a person in a face-down position. It does not include brief physical holding of a person who, during an emergency use of manual restraint, rolls into a prone position, and the person is restored to a standing, sitting, or side-lying position as quickly as possible;
 - x. apply back or chest pressure while a person is in a prone or supine (meaning a face-up) position; or
 - xi. be implemented in a manner that is contraindicated for any of the person's known medical or psychological limitations.
2. Lifeworks Services Inc. will not allow the use of a manual restraint procedure with a person when it has been determined by the person's physician or mental health provider to be medically or psychologically contraindicated. An assessment of whether the allowed procedures are contraindicated for each person receiving services as part of the initial service planning are required under section 245D.071, subdivision 2.
- C. Monitoring Emergency Use of Manual Restraint:
1. Staff must monitor a person's health and safety during an emergency use of a manual restraint. The purpose of the monitoring is to ensure the following:
 - i. Only manual restraints allowed in this policy are implemented;
 - ii. manual restraints that have been determined to be contraindicated for a person are not implemented with that person;
 - iii. allowed manual restraints are implemented only by staff trained in their use;
 - iv. the restraint is being implemented properly as required; and
 - v. 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.
 2. When possible, a staff person who is not implementing the emergency use of a manual restraint must monitor the procedure.

Reporting of Manual Restraint Requirements:

- A. Reporting Emergency Use of Manual Restraint:
1. Within 24 hours of an emergency use of manual restraint, a Lifeworks incident form needs to be filled out and the service coordinator needs to be notified within 24 hours of the incident. The legal representative and the case manager must receive verbal notification of the occurrence as required under the incident response and reporting requirements in the MN Statute 245D.06, subdivision 1 within 24 hours of an emergency use of a manual restraint.
 2. When the emergency use of manual restraint involves more than one person receiving services, the incident report made to the legal representative and the case manager must not disclose personally identifiable information about any other person unless the program has the consent of the person.
 3. The Service Coordinator will notify the compliance committee by sending an email to the Incident Review Committee.
 4. A copy of the report will be maintained in the record of the person served in CRM.
 5. Each single incident of emergency use of manual restraint must be reported separately. A single incident is when the following conditions have been met:
 - i. 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;

- ii. upon the attempt to release the restraint, the person's behavior immediately re-escalates; and
 - iii. staff must immediately re-implement the manual restraint in order to maintain safety.
- B. Internal Review of Emergency Use of Manual Restraint:
1. Within 5 business days after the date of the emergency use of a manual restraint, the compliance committee will conduct an internal review of the incident tracking report.
 2. The internal review will include an evaluation of whether:
 - i. The person's service and support strategies need to be revised;
 - ii. related policies and procedures were followed;
 - iii. the policies and procedures were adequate;
 - iv. there is a need for additional staff training;
 - v. the reported event is similar to past events with the persons, staff, or the services involved; and
 - vi. there is a need for corrective action by the program to protect the health and safety of persons.
 3. Based on the results of the internal review, a corrective action plan will be developed, documented, and implemented designed to correct current lapses and prevent future lapses in performance by individuals or the program.
 4. The corrective action plan, if any, will be implemented within 30 days of the internal review being completed.
 5. The compliance committee is responsible for conducting the internal review and for ensuring that corrective action is taken, when determined necessary.
- C. Expanded Support Team Review of an Emergency Use of Manual Restraint:
1. Within 5 working days after the completion of the internal review, the service coordinator or service coordinator manager's designee must consult with the expanded support team to:
 - i. Discuss the incident to:
 - a. Define the antecedent or event that gave rise to the behavior resulting in the manual restraint; and
 - b. identifies the perceived function the behavior served.
 - ii. Determine whether the person's CSSP Addendum needs to be revised to:
 - a. Positively and effectively help the person maintain stability; and
 - b. reduces or eliminates future occurrences of manual restraint.
 - iii. Develop a Positive Support Transition Plan (PSTP) if the person served has 3 incidents of emergency use of manual restraint within 90 days or 4 within 180 days. If the person requires a PSTP, the service coordinator must:
 - a. Develop the plan and implement within 30 calendar days of the completion of the expanded support team review; and
 - b. meet with the expanded support team quarterly to review the PSTP and complete the required Positive Support Transition Plan Review form.
 2. The program must maintain a written summary of the expanded support team's discussion and decisions in the person's service recipient record.
 3. All plans (CSSP, PSTP, etc.) need to be updated within 30 calendar days of the completion of the expanded support team meeting.
- D. External Review and Reporting of Emergency Use of Manual Restraint:
1. Within 5 working days after the completion of the expanded support team review, the service coordinator or service coordinator manager's designee will submit the following to the Department of Human Services using the online [behavior intervention reporting](#) form (BIRF DHS-5148) which automatically routes the report to the Office of the Ombudsman for Mental Health and Developmental Disabilities:
 - i. Report of the emergency use of a manual restraint;
 - ii. the internal review and corrective action plan; and
 - iii. the expanded support team review written summary.
- E. Internal Review of Reporting to DHS:
1. A review of all required forms submitted to the Department of Human Services will be conducted by the compliance committee.