POSITIVE BEHAVIORAL SUPPORTS AND EMERGENCY USE OF MANUAL RESTRAINTS POLICY*

Definitions:

Emergency Use of Manual Restraint – Using a manual restraint when a participant 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 participant’s refusal to receive or participate in treatment or programming on their own, do not constitute an emergency.

Positive Behavioral Supports – A strengths-based strategy based on an individualized assessment that emphasizes teaching a participant productive and self-determined skills or alternative strategies and behaviors without the use of restrictive interventions.

Policy:

A. PossAbilities will promote the rights of participants and protect their health and safety.
B. PossAbilities supports and emphasizes a person centered approach to supporting participants, promotes community participation and focuses on supporting participants in the most integrated setting.
C. Methods developed for supporting participants with give primary consideration to positive techniques. The focus will be on the least restrictive alternative that can be effectively used.
D. PossAbilities will not use aversive or deprivation procedures with participants.
E. Emergency use of manual restraint will only be used when necessary to maintain the health and safety of the participant and others and prevent severe property destruction.

Staff Training Requirements

Core Training for Staff

A. All PossAbilities staff responsible to develop, implement, monitor, supervise or evaluate positive support strategies or emergency use of manual restraint, before having unsupervised contact with participants, must complete a
minimum of eight hours of training, including demonstrating competency, prior to assuming these responsibilities. Training will include competency in the following:

- Relationship building;
- The communicative intent of behaviors;
- De-escalation techniques and their value;
- Principles of person centered service planning and delivery;
- Principles of positive support strategies (positive behavior supports, relationship between staff interactions with participants and their behavior and the relationship between the environment and the participant’s behavior);
- What constitutes the use of restraint;
- The safe and correct use of manual restraint in an emergency;
- Staff responsibilities regarding prohibited procedures (assure they are not used, why prohibited procedures are not effective for reducing or eliminating undesired behaviors and why they are not safe);
- Staff responsibilities regarding restricted and permitted procedures;
- Situations in which staff must contact 911 in response to imminent risk of harm to the participant or others;
- Alternatives to manual restraint procedures, including techniques to identify factors that may escalate behavior that poses an imminent risk of physical harm to self or others;
- Procedures related to the emergency use of manual restraint including, simulated experiences of administering and receiving manual restraint procedures allowed in an emergency, how to identify when to implement and cease using manual restraint, how to recognize, monitor and respond to a participant’s physical signs of distress, including possible asphyxia and the physiological and psychological impact on the participant and staff when manual restraint is used;
- Cultural competence; and
- Personal staff accountability and self-care after emergencies.

B. Staff will annually complete four hours of refresher training applicable to their responsibilities.

C. Documentation of training will be placed in each staff’s personnel record.

**Training for Staff Developing Positive Support Strategies**

A. All staff who develop positive support strategies and license holders, executives, managers and owners in nonclinical roles must complete a minimum of four hours of additional training on the following:

- Functional behavior assessments;
- How to apply person centered planning;
• How to design and use data systems to measure effectiveness of supports; and
• Supervision, including how to train, coach and evaluate staff and encourage effective communication with the participant and their support team.

B. Documentation of training will be placed in each staff’s personnel record.

**Training for Executives, Owners and Managers in Nonclinical Roles**

A. All executives, managers and owners in nonclinical roles must complete a minimum of two hours of additional training on the following:

• How to include staff in organizational decisions;
• Management of the organization based on person centered thinking and practices; and
• Evaluation of organizational training as it applies to the measurement of behavior change and improved outcomes for participants.

B. Documentation of training will be placed in each staff’s personnel record, or in the case of Board of Directors in the Board electronic folder.

**Positive Behavioral Support**

**Positive Strategies and Support Techniques**

A. PossAbilities staff will use the following positive support strategies and techniques to attempt to de-escalate a participant’s behavior before it presents an imminent risk of physical harm to the participant or others:

• Follow individualized strategies in the participant’s CSSP and CSSP Addendum;
• Shift the focus by verbally redirecting the participant to a desired alternative activity;
• Model of desired behavior;
• Reinforce desired behavior;
• Provide choices, including activities that are relaxing and enjoyable to the participant;
• Use positive verbal guidance and feedback;
• Actively listen to the participant and validate their feelings;
• Provide a calm environment for by reducing factors that may agitate the participant;
• Simplify a task or routine or discontinue until the participant is calm and agrees to participate;
• Respect the participant’s need for physical space or privacy;
• Modifying the environment to the participant’s behavior and routine;
• Providing alternatives to undesired behaviors;
- Positive reinforcement;
- Teaching the individual new skills;
- Positive verbal correction that is specifically focused on the behavior being addressed; and
- Temporary withholding or removal of objects being used to hurt self or others.

**Developing Positive Support Plans**

A. When any permitted action or procedure is used on a continuous basis, the Program Director, Coordinator or Specialist assigned to the participant will assure this action or procedure is incorporated into the individual participant’s CSSP Addendum.

B. Prior to developing and implementing a written positive support strategy the Program Director, Coordinator or Specialist assigned to the participant will assess the participant’s strengths, needs and preferences to identify a positive support strategy that:
   - Is evidence based;
   - Person centered;
   - Ethical;
   - Integrate the participant in the community; are the least restrictive to the person;
   - Is effective;
   - Promotes the participant’s self-determination;
   - Provides the most integrated and inclusive service delivery for the participant; and
   - Creates a desirable quality of life for the participant through inclusive, supportive and therapeutic environments.

C. At least every six months, the Program Director, Coordinator or Specialist assigned to the participant, will evaluate with the participant whether the positive support strategies meet standards noted in B above. Based on the results of this evaluation changes will be made to the CSSP Addendum if necessary.

**Positive Support Transition Plan**

A. The Program Director or Coordinator will develop a Positive Support Transition Plan for any participant in for any participant who has had three incidents of emergency use of manual restraint within 90 days or four incidents of emergency use of manual restraint within 180 days.
Prohibited and Restricted Procedures

Prohibited Procedures

A. PossAbilities staff are prohibited from using the following procedures as a substitute for adequate staffing, for a behavioral or therapeutic program to reduce or eliminate behavior, as punishment or for staff convenience:

- Time out;
- Seclusion;
- Prone restraint;
- Metal handcuffs or leg hobbles;
- Faradic shock;
- Speaking to a participant in a manner that ridicules, demeans, threatens or is abusive;
- Using physical intimidation or show of force;
- Containing, restricting, isolating, secluding or otherwise removing a participant from normal activities when it is medically contraindicated or without monitoring the participant;
- Denying or restricting a participant’s access to equipment & devices such as walkers, wheelchairs or communication devices that facilitate the participant’s functioning. When the temporary removal of the equipment or device is necessary to prevent injury to the participant or others or cause serious damage to the equipment or device, the equipment or device must be returned to the participant as soon as imminent risk of injury or serious damage is 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 the participant’s body parts;
- Tripping or pushing a participant;
- Using punishment of any kind;
- Requiring the participant to assume and maintain a specified physical position or posture;
- Totally or partially restricting a participant’s senses;
- Presenting intense sounds, lights or other sensory stimuli;
- Using a noxious smell, taste, substance or spray, including water mist;
- Depriving a participant 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 participant to discipline another participant;
- Using an action or procedure which is medically or psychologically contraindicated;
- Using an action or procedure that might restrict or obstruct a participant’s airway or impair breathing;
• Interfering with a participant’s legal rights except as allowed in Rule 245D.04, subdivision 3, paragraph c;
• Mechanical restraint;
• Chemical restraint;
• Manual restraint, except in an emergency; or
• Any other interventions or procedures that may be an aversive or deprivation procedure.

**Restricted Procedures**
A. The following procedures are allowed on an intermittent or continuous basis. When used on a continuous basis it must be included in the participant’s CSSP Addendum:

- Permitted use of physical contact or instructional techniques which use the least restrictive alternative possible to meet the needs of the participant may be used to:
  - Calm or comfort a participant by holding them with no resistance from the participant;
  - Protect a participant known to be at risk or injury due to frequent falls as a result of a medical condition;
  - Facilitate the participant’s completion of a task or response when the participant does not resist or the participant’s resistance is minimal in intensity or duration; or
  - Briefly block or redirect a participant’s limbs or body without holding the participant or limiting their movement to interrupt the participant’s behavior that may result in injury to self or others.

- Restraint may be used as an intervention procedure to:
  - Allow a licensed health care professional to safely conduct a medical examination or to provide medical treatment offered by a licensed health care professional to a participant when it is necessary to promote healing or recovery from an acute, short term, medical condition;
  - Assist in the safe evacuation or redirection of a participant in the event of an emergency and the participant is at minimum risk of harm; or
  - Position a participant with physical disabilities as specified in their CSSP Addendum.

- Use of manual restraint in an emergency.

**Emergency Use of Manual Restraints**

**Manual Restraints Allowed in Emergencies**
A. PossAbilities allows the following manual restraint procedures to be used on an emergency basis when a participant’s behavior poses an imminent risk of
physical harm to self or others and less restrictive strategies have not achieved safety:

- Physical escort; or
- One staff person arm restraint in a standing position.

B. Upon admission to PossAbilities services, the Program Director, Coordinator or Specialist assigned to the participant will complete an assessment of whether the manual restraints allowed are contraindicated for the participant. PossAbilities will not allow the use of manual restraint with a participant when it has been determined by the participant’s physician or mental health provider to be medically or psychologically contraindicated.

Reporting Emergency Use of Manual Restraint

A. Within 24 hours of the emergency use of manual restraint the Program Director or Coordinator will verbally notify the legal representative and residence, if applicable, and case manager of the participant.

B. Within the 3 calendar days after emergency use of manual restraint the PossAbilities staff who implemented the procedure will complete an *Emergency Use of Manual Restraint Incident Report* and give the report to the Program Director or Coordinator.

C. Each single incident of emergency use of manual restraint must be reported separately. A single incident is when the following conditions have been met:

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

D. The Program Director or Coordinator will send a copy of the report to the participant’s legal representative and residence, if applicable, and case manager of the participant.

E. The Program Director or Coordinator will file a copy of the *Emergency Use of Manual Restraint Incident Report* in the individual participant’s file. The form must be kept in the participant’s permanent record for at least five years.

Internal Review of Emergency Use of Manual Restraint

A. Within 5 working days of the emergency use of manual restraint, the Program Director or Coordinator will complete the *Internal Review of Behavioral*
Intervention form. If corrective action is needed the Program Director will assure corrective action is implemented within 30 days of the internal review.

B. The Program Director or Coordinator will file a copy of the Internal Review of Behavioral Intervention form in the individual participant’s file.

Expanded Support Team Review of Emergency Use of Manual Restraint
A. Within 5 working days after the completion of the internal review, the Program Director or Coordinator will consult with the expanded support team and complete the Expanded Support Team Behavioral Intervention Review.

B. The Program Director or Coordinator will file a copy of the Expanded Support Team Behavioral Intervention Review form in the individual participant’s file.

C. If changes to the participant’s plan are recommended, the Program Director or Coordinator will assure the CSSP Addendum is revised within the timeframe identified by the expanded support team.

External Reporting of Emergency Use of Controlled Procedure
A. Within 5 working days after the expanded support team review, the Program Director or Coordinator will complete an external report using the Behavior Intervention Online Reporting Form (DHS-5148). The form can be found online at https://edocs.dhs.state.mn.us/lfserver/Secure/DHS-5148-ENG. The Program Director or Coordinator will follow the attached Instructions for Behavior Intervention Report Form to complete the online report.

B. The Program Director or Coordinator will file a copy of the Behavioral Intervention Online Reporting Form (DHS-5148) in the individual participant’s file.