COMMUNITY INVOLVEMENT PROGRAMS

Emergency Use of Manual Restraint Policy and Procedure (Not Allowed)

Community Involvement Programs (CIP) promotes the rights of persons served and protects their health and safety during an emergency use of manual restraints.

"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 will 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.

CIP incorporates person centered positive support strategies to promote environments of choice, independence, safety and respect. It is important to listen to people and to know their preferences and desires.

I. Positive Support Strategies and Techniques Required

A. The following positive support strategies and techniques must be used to attempt to de-escalate a person's behavior before it poses an imminent risk of physical harm to self or others. Each person's support is different and must be provided that meets their individual needs:

- Follow individualized strategies in a person's coordinated service and support plan (CSSP) and coordinated service and support plan addendum (CSSPA);
- Communicate with the person so as to engage in an alternative preferred activity;
- Model desired behavior;
- Reinforce appropriate behavior
- Offer choices, including activities that are relaxing and enjoyable to the person;
- Use positive verbal guidance and feedback;
- Actively listen to a person and validate their feelings;
- Create a calm environment preferred by the person;
- Speak calmly with reassuring words, consider volume, tone, and non-verbal communication;
- Simplify a task or routine or discontinue until the person is calm and agrees to participate; or
- Respect the person's need for physical space and/or privacy.

B. Community Involvement Programs will develop a positive support transition plan on the forms and in manner prescribed by the Commissioner and within the required timelines for each person served when required in order to:
   1. Eliminate the use of prohibited procedures as identified in section II of this policy;
   2. Avoid the emergency use of manual restraint as identified in section I of 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 aversive or deprivation procedures prohibited.

II. Permitted Actions and Procedures

Use of the following instructional techniques and intervention procedures used on an intermittent or continuous basis are permitted by CIP. When used on a continuous basis, it **must** be addressed in a person's Coordinated Service and Support Plan Addendum (CSSPA).

A. Physical contact or instructional techniques must be used in the **least restrictive alternative way** possible to meet the needs of the person and may only be used to:
   1. Calm or comfort a person by holding that person with no resistance from that person;
   2. Protect a person known to be at risk or injury due to frequent falls as a result of a medical condition;
   3. 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;
   4. 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**
   5. 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.

B. Restraint may be used as an intervention procedure to:
   1. Allow a licensed health care professional to safely conduct a medical examination or to provide medical treatment ordered by a licensed health care professional to a person necessary to promote healing or recovery from an acute, meaning short-term, medical condition;
   2. 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
   3. Position a person with physical disabilities in a manner specified in the person's coordinated service and support plan addendum.

   Any use of manual restraint as allowed in this paragraph [Section B} must comply with the restrictions identified in [Section A].

C. 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.

III. Prohibited Procedures

Use of 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, is **prohibited** by this program:
1. Chemical restraint; a drug is used to restrict the freedom or movement of a person or sedate a person.
2. Mechanical restraint; any restrictive device (seatbelt, straitjacket, vest) or confinement used to restrict a person's freedom, most commonly in an emergency situation.
3. Manual restraint; any manual method or physical/mechanical device, material or equipment attached or adjacent to a person person's body that the person cannot remove easily, which restricts freedom or movement or normal access to one's body
4. Time out; involuntary removal of a person for a period of time to a designated area from which the person can leave.
5. Seclusion; removing a person involuntarily to a room from which the exit is prohibited by staff or a mechanism such as a lock, to hold the door closed preventing the person to return

6. Aversive procedure; application of an aversive stimulus contingent upon the occurrence of a behavior to reduce or eliminate the behavior.
7. Deprivation procedure; removal of a positive reinforce intended to result in a decrease in the frequency, duration, or intensity of the response or a delay in something a person is normally entitled to.

IV. Manual Restraints Not Allowed in Emergencies

A. CIP does not allow the emergency use of manual restraint. The following alternative measures must be used by staff to achieve safety when a person's conduct poses an imminent risk of physical harm 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 CSSPA;
   3. Ask the person and/or others if they would like to move to another area where they may feel safer or calmer;
   4. Remove objects from the person's immediate environment that they may use to harm self or others;
   5. Call 911 for law enforcement assistance id the alternative measures listed above are ineffective in order to achieve safety for the person and/or others;
   6. 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.
   7. Refer to the attached list of alternative measures that includes a description of each of the alternative measures trained staff are allowed to use and instructions for the safe and correct implementation of those alternative measures.

B. CIP does not allow the use of an alternative safety procedure with a person when it has been determined by the person's physician or mental health provider to be medically or psychologically contraindicated for a person. CIP will complete an assessment of whether the allowed procedure are contraindicated for each person receiving services as part of the required service planning required under the 245D Home and Community-based (HCBS) Standards (section 245D.07 subdivision 2, for recipients of basic support services; or section 245D.071, subdivision 3, for recipients of intensive support services).

V. Reporting Emergency Use of Manual Restraint

As stated in section IV, CIP does not allow the emergency use of manual restraint. Any staff person who believes or knows that a manual restraint was implemented during an emergency basis must immediately report the incident to the person listed below.

CIP has identified the following person or position responsible for reporting the emergency use of manual restraint according to the standards in section 245D.061 and part 9544.0110, when determined necessary.

Betty DeWitt, Manager of Quality and Compliance, Designated Manager and Coordinator under the 245D HCBS Standards in section 245D.081].

Legal Authority: Minn. Stat. § 245D.06, subd. 5-8; 245D.061