



*Bringing Possibilities to Life*

## **2002a. Emergency Use of Manual Restraint Procedure (Not Allowed) Sections I. -- IV**

Accord™ (Accord) 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.

Accord advocates and incorporates person-centered positive support strategies to promote environments of choice, independence, safety and respect. Accord™ bases this policy and procedure on the fundamental regard for the integrity and dignity of each person. When behavioral challenges occur, it is important to identify and address the function the behavior serves so underlying needs can be met. Identifying the communicative intent of the behavior and supporting people to learn alternative ways to communicate is crucial. 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. Accord™ 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 Accord™. 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 Accord™:

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'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.
  - Time out **does not mean** voluntary removal or self-removal for the purpose of calming, prevention of escalation, or de-escalation of behavior.

- Timeout **does not mean** taking a brief break or rest from an activity for the purpose of providing the person an opportunity to regain self-control
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
    - **Note: Time out and Seclusion are often confused. The key distinction between the two is whether the person has the ability to exit when he/she has been involuntarily removed. Seclusion does not allow the person to exit that area while time out does.**
  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. Accord 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 as identified in the person's CSSP or CSSPA;
  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 if 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. Accord 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. Accord™ 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., Accord does not allow the emergency use of manual restraint. Any staff person who believes or knows that a manual restraint was implemented on an emergency basis must immediately report the incident to the person listed below.**

**Accord has identified the following 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.**

- **Director of the Service/Program**

The procedure for **reporting** any type of emergency use of a manual restraint is listed below **X. -- XIII.**

## VI. Staff Training

Accord does not permit the use of emergency manual restraint, however, staff must be trained on this policy and the Positive Support Rule.

- A. Accord must provide staff with orientation and annual training as required in Minnesota Statutes, section [245D.09](#).
  - 1. Before having unsupervised direct contact with persons served by Accord™, Accord™ must provide instruction on prohibited procedures that address the following:
    - a. what constitutes the use of restraint, time out, seclusion, and chemical restraint;
    - b. staff responsibilities related to ensuring prohibited procedures are not used;
    - c. why such prohibited procedures are not effective for reducing or eliminating symptoms or undesired behavior;
    - d. why prohibited procedures are not safe; and
    - e. the safe and correct use of manual restraint on an emergency basis according to the requirements in the 245D HCBS Standards, section [245D.061](#) and this policy.
  - 2. Within 60 days of hire Accord™ must provide instruction on the following topics:
    - a. 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;
    - b. de-escalation methods, positive support strategies, and how to avoid power struggles;
    - c. simulated experiences of administering and receiving manual restraint procedures allowed by Accord™ on an emergency basis;
    - d. how to properly identify thresholds for implementing and ceasing restrictive procedures;
    - e. how to recognize, monitor, and respond to the person's physical signs of distress, including positional asphyxia;
    - f. the physiological and psychological impact on the person and the staff when restrictive procedures are used;
    - g. the communicative intent of behaviors; and
    - h. relationship building.
- B. Training on these topics received from other sources may count toward these requirements if received in the 12-month period before the staff person's date of hire.
- C. Accord must maintain documentation of the training received and of each staff person's competency in each staff person's personnel record.

**NOTE: Accord™ does not allow the use of manual restraint in an emergency (Sections V through XII of this procedure are included as reference only of the requirements of 245D)**

## VII. Conditions for Emergency Use of Manual Restraint

- A. Emergency use of manual restraint must meet the following conditions:
  - 1. Immediate intervention must be needed to protect the person or others from imminent risk of physical harm;
  - 2. The type of manual restraint used must be the least restrictive intervention to eliminate the immediate risk of harm and effectively achieve safety; and
  - 3. The manual restraint must end when the threat of harm ends.

- B. The following conditions, on their own, are not conditions for emergency use of manual restraint:
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; or
  3. A person's refusal to receive or participate in treatment or programming.

### **VIII. Restrictions When Implementing Emergency Use of Manual Restraint**

A restrictive intervention means prohibited procedures identified in MN Statutes, section 245D.06, subdivision 5; prohibited procedures identified in MN Rules, part 9544.006; and the emergency use of manual restraint. Emergency use of manual restraint must not:

1. Be implemented with a child in a manner that constitutes sexual abuse, neglect, physical abuse, or mental injury as defined in MN Statutes, Chapter 260E.
2. Be implemented with an adult in a manner that constitutes abuse or neglect as defined in MN Statute 626.5572, subdivisions 2 or 17;
3. Be implemented in a manner that violates a person's rights and protection identified in MN245D.04;
4. Be implemented in a manner that is medically or psychologically contraindicated for a person;
5. 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;
6. Restrict a person's normal access to any protection required by state licensing standards and federal regulations governing this program;
7. Deny a person visitation or ordinary contact with legal counsel, a legal representative, or next of kin;
8. 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;
9. 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; or
10. Apply back or chest pressure while a person is in a prone position, supine (meaning a face-up) position, or side-lying position,
11. Be implemented in a manner that is contraindicated for any of the person's known medical or psychological limitations.

### **IX. Monitoring Emergency Use of Manual Restraint**

- A. The program 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:
1. Only manual restraints allowed in 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; and
  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.
- C. When possible, a staff person who is not implementing the emergency use of a manual restraint must monitor the procedure.
- C. A monitoring form, as approved by the Department of Human Services, must be completed for each incident involving the emergency use of a manual restraint.

## **X. Reporting Emergency Use of Manual Restraint**

- A. Within 24 hours of an emergency use of manual restraint, 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 245D HCBS Standards, section [245D.06](#), subdivision 1.

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.

- B. Within 3 calendar days after an emergency use of a manual restraint, the staff person who implemented the emergency use must report in writing to the program's designated coordinator the following information about the emergency use:
1. Who was involved in the incident leading up to the emergency use of a manual restraint; including the names of staff and persons receiving services who were involved;
  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 a manual restraint;
  3. A description of what less restrictive alternative measures were attempted to de-escalate the incident and maintain safety before the emergency use of a manual restraint was implemented. This description must identify 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 manually restrained, leading up to, during, and following the manual restraint;
  5. A description of the mental, physical, and emotional condition of the other persons involved leading up to, during, and following the manual restraint;
  6. Whether there was any injury to the person who was restrained before or as a result of the use of a manual restraint;
  7. Whether there was any injury to other persons, including staff, before or as a result of the use of a manual restraint; and
  8. 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. Include the outcome of the debriefing. If the debriefing was not conducted at the time the incident report was made, the report should identify whether a debriefing is planned.
- C. A copy of this report must be maintained in the person's service recipient record. The record must be uniform and legible.
- D. Each single incident of emergency use of manual restraint must be reported separately. A single incident is 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
  3. Staff must immediately re-implement the manual restraint in order to maintain safety.

## **XI. Internal Review of Emergency Use of Manual Restraint**

- A. Within 5 business days after the date of the emergency use of a manual restraint, the program must complete and document an internal review of the report prepared by the staff member who implemented the emergency procedure.
- B. The internal review must include an evaluation of whether:
1. The person's service and support strategies need to be revised;
  2. Related policies and procedures were followed;

3. The policies and procedures were adequate;
  4. There is need for additional staff training;
  5. The reported event is similar to past events with the persons, staff, or the services involved; and
  6. There is a need for corrective action by the program to protect the health and safety of persons.
- C. Based on the results of the internal review, Accord™ must develop, document, and implement a corrective action plan for Accord™ designed to correct current lapses and prevent future lapses in performance by individuals or Accord™.
- D. The corrective action plan, if any, must be implemented within 30 days of the internal review being completed.
- E. Accord has identified the following person or position responsible for conducting the internal review and for ensuring that corrective action is taken, when determined necessary:

<b>Director of the program/service</b>
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**XII. Expanded Support Team Review of Emergency Use of Manual Restraint**

- A. Within 5 working days after the completion of the internal review, Accord™ must consult with the expanded support team to:
1. Discuss the incident to:
    - a. define the antecedent or event that gave rise to the behavior resulting in the manual restraint; and
    - b. identify the perceived function the behavior served.
  2. Determine whether the person’s coordinated service and support plan addendum needs to be revised to:
    - a. positively and effectively help the person maintain stability; and
    - b. reduce or eliminate future occurrences of manual restraint.
- B. Accord must maintain a written summary of the expanded support team’s discussion and decisions in the person’s service reAccordient record.
- C. Accord has identified the following person or position responsible for conducting the expanded support team review and for ensuring that the person’s coordinated service and support plan addendum is revised, when determined necessary.

<b>Director of the program or service</b>
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**XIII. External Review and Reporting of Emergency Use of Manual Restraint**

Within 5 working days after the completion of the expanded support team review, the program must submit the following to the Department of Human Services and the Office of the Ombudsman for Mental Health and Developmental Disabilities using the online [behavior intervention reporting form](#) (BIRF DHS-5148):

1. Report of the emergency use of a manual restraint;
2. The internal review and corrective action plan; and
3. The expanded support team review written summary.

Policy reviewed and authorized by:

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Print name & title

Signature

Date of last policy review: \_\_\_\_\_

Date of last policy revision: \_\_\_\_\_

Legal Authority: MS §§ [245D.06](#), subd. 5 to subd, 8; [245D.061](#)

**As stated in section IV, Accord™ 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.**

**Accord™ 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 <a href="#">245D.081</a> ].
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Legal Authority: Minn. Stat. § [245D.06](#), subd. 5-8; [245D.061](#)