

Northeast Contemporary Services, Inc.

Emergency Use of Manual Restraint Not Allowed Policy

I. Policy

It is the policy of this DHS licensed provider (program) to promote the rights of persons served by this program and to protect their health and safety during the 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 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.

II. 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:

- Follow the individualized strategies in a person’s Coordinated Service and Support Plan (CSSP) and/or Coordinated Service and Support Plan Addendum (CSSPA);
- Shift the focus by verbally redirecting the person to a desired alternative 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 by reducing sound, lights, and other factors that may agitate a person;
- Speak calmly with reassuring words, considering volume, tone, and non-verbal communication;
- Simplify a task or routine or discontinue it until the person is calm and agrees to participate; and/or
- Respect the person’s need for physical space and/or privacy.

B. The program 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 III 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 restrictive interventions prohibited.

III. Permitted actions and procedures

Use of the following instructional techniques and intervention procedures used on an intermittent or continuous basis are permitted by this program. 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 used must be the least restrictive alternative possible to meet the needs of the person and may 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 of 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; or
 - 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 (CSSPA).Any use of manual restraint as allowed in this paragraph (Section III.B.) must comply with the restrictions identified in Section III.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.

IV. 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;
- 2. Mechanical restraint;
- 3. Manual restraint;
- 4. Time out;
- 5. Seclusion; or
- 6. Any aversive or deprivation procedure.

V. Manual restraints not allowed in emergencies

- A. This program 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:

- Continue to utilize the positive support strategies;
- Continue to follow individualized strategies in a person's Coordinated Service and Support Plan (CSSP) and Coordinated Service and Support Plan Addendum (CSSPA);
- Ask the person and/or others if they would like to move to another area where they may feel safer or calmer;
- Remove objects from the person's immediate environment that they may use to harm self or others;
- 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; and
- The following is a list and 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:
 - Assessment of the Situation and the Environment: Staff will evaluate the specifics of the situation, determine causal factors to the individual's response to the situation (if possible), and assess the environmental context of the situation. Staff will consult with others (as available and if appropriate) to help assess all aspects of the situation in order to fully understand the individual's perspective and response. Staff will take into account the physical space and location of the situation and the emotional, psychological, and social elements of the environment. Staff will attempt to determine what exactly is happening within the situation and will, to the best of their ability, identify possible precursors to the behaviors being demonstrated by the individual. Staff will attempt to identify whether the demonstrated behavior is part of a pattern of similar responses and will seek out previously successful staff intervention techniques. Staff will provide the individual with positive verbal and/or physical feedback and reinforcement if, during this initial phase of intervention, the individual takes appropriate steps in self-managing their responses and/or their behaviors.
 - Non-Verbal Intervention: Staff will have a physical presence with the individual, but will not provide verbal directives. When appropriate, staff will take actions that will introduce alternative activities and/or will take other non-verbal steps to re-direct the individual and to engage them in a constructive, appropriate activity. Examples would be staff setting up a work station with products to package, staff getting the person's lunch box (if it is lunch time) and setting it on a table, staff laying out skill training, crafts, or other type of materials on a table to start a class or project, etc. Staff will provide the individual with positive verbal and/or physical feedback and reinforcement during this phase of intervention when the individual demonstrates behaviors that are indicative of their movement toward resolving the situation in an appropriate manner, such as participating in an alternative activity.

- Verbal, Non-Directive Intervention: Staff will discuss the situation with the individual in a calm, non-directive manner, with a focus on determining the causal factor(s) behind the behavior. Staff will not identify or discuss the target behavior(s), but will encourage positive responses to the situation. Examples of staff questions are “What is making you angry?”, “What can we do to help you with this situation?” etc. Staff will provide the individual with positive verbal and/or physical feedback and reinforcement when the individual responds to the staff’s questions and/or demonstrates behaviors that are moving toward resolving the situation in a positive, appropriate manner. Examples of positive responses would be the individual telling staff what is making them angry, giving ideas on what staff can do to help, leaving the area and going to a quiet area to calm down and then meeting with staff, etc.
- Verbal, Directive Intervention: Staff will directly address the situation by naming/identifying the target behavior(s) and offering alternatives in a directive manner. Staff will provide the individual with clear directions on what behavior needs to cease and what positive, alternative behavior is expected of them. Examples of staff statements are “Please stop yelling and swearing. Speak to me in a calm voice.”, “You need to stop pounding the table before I can help you solve this problem.”, “Once you can talk to me without yelling, we can discuss this and come up with a plan.”, etc. Staff will provide the individual with positive verbal and/or physical feedback and reinforcement when the individual demonstrates behaviors that are moving toward resolving the situation in a positive, appropriate manner. Examples of positive responses would be ceasing the target behavior to the degree that they are able to engage with the staff in a productive manner, leaving the area and going to a quiet area to calm down and then meeting with staff, etc.

- B. The program will 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. This program will complete an assessment of whether the allowed procedures are contraindicated for each person receiving services as part of the required service planning required under the 245D Home and Community-based Services (HCBS) Standards (section [245D.071](#), subdivision 3, for recipients of intensive support services).

VI. Reporting emergency use of manual restraint

As stated in Section V., this program 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.

The program 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:

Executive Director or, in her/his absence, the Designated Coordinator for the service area.

Legal Authority: MS §§ [245D.06](#), subd. 5 to subd, 8; [245D.061](#), MR part [9544.0110](#)