Emergency Use of Manual Restraints Not Allowed Sample Policy

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Program Name: ________________________________________________________________

I. Policy

It is the policy of this DHS licensed program to promote the rights of children 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 child 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 child’s refusal to receive or participate in treatment or programming on its own, does 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 child’s behavior before it poses an imminent risk of physical harm to self or others:

[Insert a description of the positive support strategies and techniques to be used by the program.]

- Ensure that each child is provided with a positive model of acceptable behavior;
- Tailor the strategies/techniques to the developmental level of the children that the center is licensed to serve;
- Redirect children and groups away from problems toward constructive activity to reduce conflict;
- Teach children how to use acceptable alternatives to problem behavior to reduce conflict;
- Protect the safety of children and staff persons; and,
- Provide immediate and directly related consequences for a child’s unacceptable behavior.

Other examples that a program could use include:

- Reinforce appropriate behavior;
- Offer choices, including activities that are relaxing and enjoyable to the person;
- Use positive verbal guidance and feedback;
- Actively listen to the child and validate his/her feelings;
- Speak calmly with reassuring words and consider volume, tone, and non-verbal communication;
- Simplify a task or routine, or discontinue it until the child is calm.

B. The program will develop a positive support transition plan on the forms in a manner prescribed by the Commissioner and within the required timelines for each person served when required 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 child from physically harming himself/herself or others; or,
4. Phase out any existing plans for the emergency or programmatic use of prohibited restrictive interventions.

III. Permitted actions and procedures

Use of the following instructional techniques and intervention procedures on an intermittent or continuous basis are permitted by this program. Continuous use must be addressed in a child’s Individual Child Care Program Plan.

A. Physical contact or instructional techniques must use the least restrictive alternative possible to meet the needs of the child and may be used to:
   1. Calm or comfort a child by holding that child with no resistance from him/her;
   2. Protect a child known to be at risk of injury due to frequent falls as a result of a medical condition;
   3. Facilitate the child’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 child’s limbs or body without holding the child or limiting his/her movement to interrupt the child’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 child’s behavior when it 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 child as necessary to promote healing or recovery from an acute (short-term) medical condition;
   2. Assist in the safe evacuation or redirection of a child in an emergency and the child is at imminent risk of harm; or
   3. Position a child with physical disabilities in a manner specified in the child’s Individual Child Care Program Plan.

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 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 child’s conduct poses an imminent risk of physical harm to self or others and less restrictive strategies have not achieved safety:

[Insert a description of the alternative measures trained staff must use to maintain safety. The descriptions must include instructions for the safe and correct implementation of the alternative measures.]

Examples that a program could include:

• Continue to use the positive support strategies;
• Continue to follow individualized strategies in a child’s Individual Child Care Program Plan;
• Ask the child/others if they would like to move to another area where they may feel more safe or calm;
• Remove objects from the child’s immediate environment that may be used 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 child / 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 child /others.
• 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 measures.
B. The program will not allow the use of an alternative safety procedure with a child when it has been determined by the child’s physician or mental health provider to be medically or psychologically contraindicated for a child. This program will complete an assessment of whether the allowed procedures are contraindicated for each child receiving 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 situation 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.

[Insert the name and/or position title of the responsible person to report the use of the emergency use of manual restraint.]

Policy reviewed and authorized by:

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, MR part 9544.0110