

Emergency Use of Manual Restraints Policy

Merrick, Inc.

1.00 Purpose:

The purpose of this policy is 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.

2.00 Application:

This policy applies to each client receiving services from Merrick, Inc., and any individual who is either employed by, volunteers, or has a service agreement with Merrick, Inc.

3.00 Policy Statement:

Merrick, Inc., will comply to the fullest extent possible with rules and regulations governing emergency use of manual restraint.

4.00 Procedures:

4.10 Positive support strategies and techniques required

4.11 The following positive support strategies and techniques must be used to the extent possible to attempt to de-escalate a person’s behavior before it poses an imminent risk of physical harm to self or others:

4.111 Follow individualized strategies in a person’s coordinated service and support plan and coordinated service and support plan addendum;

4.112 Shift the focus by verbally redirecting the person to a desired alternative activity;

4.113 Model desired behavior;

4.114 Reinforce appropriate behavior;

4.115 Offer choices, including activities that are relaxing and enjoyable to the person;

4.116 Use positive verbal guidance and feedback;

4.117 Actively listen to a person and validate their feelings;

4.118 Create a calm environment by reducing sound, lights, and other factors that may agitate a person;

4.119 Speak calmly with reassuring words and consider volume, tone, and non-verbal communication;

- 4.120 Simplify a task or routine or discontinue until the person is calm and agrees to participate; or
 - 4.121 Respect the person's need for physical space and/or privacy.
 - 4.122 Have a preferred staff help the person attempt to de-escalate a person's behavior.
- 4.12 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:
- 4.121 Eliminate the use of prohibited procedures as identified in 4.30 of this policy;
 - 4.122 Avoid the emergency use of manual restraint as identified in 1.00 of this policy;
 - 4.123 Prevent the person from physically harming self or others; or
 - 4.124 Phase out any existing plans for the emergency or programmatic use of restrictive interventions prohibited.

4.20 Permitted actions and procedures

- 4.21 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. Any use of manual restraint as a permitted action or procedure must comply with the restrictions stated in section 4.50: Conditions for Emergency Use of Manual Restraint of this policy.
- 4.22 Physical contact or instructional techniques must be use the least restrictive alternative possible to meet the needs of the person and may be used to:
 - 4.221 Calm or comfort a person by holding that persons with no resistance from that person;
 - 4.222 Protect a person known to be at risk or injury due to frequent falls as a result of a medical condition;
 - 4.223 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; or
 - 4.224 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.
 - 4.225 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 contact by staff.
- 4.23 Restraint may be used as an intervention procedure to:

- 4.231 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; or
- 4.232 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.
- 4.233 Position a person with physical disabilities in a manner specified in their Coordinated Service and Support Plan Addendum.

4.30 Prohibited Procedures

- 4.31 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:
 - Chemical restraint;
 - Mechanical restraint;
 - Manual restraint;
 - Time out;
 - Seclusion;
 - Prone restraint;
 - Faradic shock;
 - Speaking to a person in a manner that ridicules, demeans, threatens or is abusive;
 - Using physical intimidation/show of force;
 - Denying or restricting a person's access to equipment and devices such as wheelchairs, walkers, hearing aids and communication boards that facilitate a person's functioning;
 - Using painful techniques;
 - Hyperextending or twisting a person's body parts;
 - Tripping or pushing a person;
 - Using punishment of any kind;
 - Requiring a person to assume and maintain a specified physical position or posture;
 - Using forced exercise;
 - Totally or partially restricting a person's senses;
 - Presenting intense sounds, lights other sensory stimuli;
 - Using a noxious smell, taste, substance or spray;
 - Requiring a person to earn normal goods and services;
 - Using token programs that include response cost;
 - Using a person receiving services to discipline another person receiving services;
 - Using any action or procedure that is medically or psychologically contraindicated.
- 4.311 Chemical restraint: Chemical restraint" means the administration of a drug or medication to control a person's behavior or restrict a person's freedom of movement and is not a standard treatment or dosage for the person's medical or psychological condition,
- 4.312 Mechanical restraint: Except for devices worn by the person that trigger electronic alarms to warn staff that a person is leaving a room or area, which do not, in and of themselves, restrict freedom of movement, or the use of adaptive aids or equipment or orthotic devices ordered by a health care professional used to treat or manage a medical condition, "Mechanical restraint" means the use of devices, materials, or equipment attached or adjacent to the person's body, or the use of practices that are

intended to restrict freedom of movement or normal access to one's body or body parts, or limits the person's voluntary movements or holds person immobile as an intervention precipitated by a person's behavior. The term applies to the use of mechanical restraints used to prevent injury with persons who engage in self-injurious behavior, such as head-banging, gouging, or other actions resulting in tissue damage that have caused or could cause medical problems resulting from the self-injury,

- 4.313 Manual restraint: "Manual restraint" means physical intervention intended to hold a person immobile or limit a person's voluntary movement by using body contact as the only source of physical restraint (Note: emergency use of manual restraint is permitted when specific criteria as defined by 245D are met.),
- 4.314 Time out: "Time out" means the involuntary removal of a person for a period of time to a designated area from which the person is not prevented from leaving. For the purpose of this chapter, "time out" does not mean voluntary removal or self-removal for the purpose of calming, prevention of escalation, or de-escalation of behavior; not does it mean taking a brief break or rest from an activity for the purpose of providing the person an opportunity to regain self-control.
- 4.315 Seclusion: "Seclusion" means: (1) removing a person involuntarily to a room from which exit is prohibited by a staff person or a mechanism such as a lock, a device, or an object positioned to hold the door closed or otherwise prevent the person from leaving the room; or (2) otherwise involuntarily removing or separating a person from an area, activity, situation, or social contact with others and blocking or preventing the person's return.

4.40 Manual Restraints Allowed in Emergencies

- 4.41 This program allows the following manual restraint procedures to be used on an emergency basis when a person's conduct poses an imminent risk of physical harm to self or others and less restrictive strategies have not achieved safety:
 - 4.411 Physical escort when the person is resistive;
 - 4.412 One arm, one person standing;
 - 4.413 One arm, one person standing with the free arm managed
 - 4.414 Two arm, one person standing;
 - 4.415 One arm or two arm, one person standing with one staff assisting from one side;
 - 4.416 One arm or two arm, one person standing with two staff assisting, one from each side; and
 - 4.417 Use of staff's hand (s), arm(s) or body contact to hold a person's hand(s), arm(s) or body immobile when that intervention is the least intrusive or physical space does not permit implementation of procedures 2 through 5.
- 4.42 The program will not allow the use of a manual restraint procedure with a person when it has been determined by the person's physician or mental health provider to be medically or psychologically contraindicated.

- 4.421 This program will complete an assessment of whether the allowed procedures are contraindicated for each person receiving services as part of the service planning required under section 245D.071, subdivision 2, for recipients of basic support services; or the assessment and initial service planning required under section 245D.071, subdivision 3, for recipients of intensive support services.
- 4.422 The statement of whether or not a manual restraint would be medically or psychologically contraindicated will be completed as part of service initiation planning.

4.50 Conditions for Emergency Use of Manual Restraint

- 4.51 Emergency use of manual restraint must meet the following conditions:
 - 4.511 Immediate intervention must be needed to protect the person or others from imminent risk of physical harm;
 - 4.512 The type of manual restraint used must be the least restrictive intervention to eliminate the immediate risk of harm and effectively achieve safety; and
 - 4.513 The manual restraint must end when the threat of harm ends.
- 4.52 The following conditions, on their own, are not conditions for emergency use of manual restraint:
 - 4.521 The person is engaging in property destruction that does not cause imminent risk of physical harm;
 - 4.522 The person is engaging in verbal aggression with staff or others; or
 - 4.523 A person's refusal to receive or participate in treatment or programming.

4.60 Restrictions When Implementing Emergency Use of Manual Restraint

- 4.61 Emergency use of manual restraint must not:
 - 4.611 Be implemented with an adult in a manner that constitutes abuse or neglect;
 - 4.612 Be implemented in a manner that violates a person's rights and protection
 - 4.613 Be implemented in a manner that is contraindicated for any of the person's known medical or psychological limitations;
 - 4.614 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;
 - 4.615 Restrict a person's normal access to any protection required by state licensing standards and federal regulations governing this program;
 - 4.616 Deny a person visitation or ordinary contact with legal counsel, a legal representative, or next of kin;

- 4.617 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;
- 4.618 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
- 4.619 Apply back or chest pressure while a person is in a prone (meaning face-down) or supine (meaning a face-up) position, or a side-lying position.
- 4.620 Be implemented in a manner that is contraindicated for any of the person’s known medical or psychological limitations.

4.70 Monitoring Emergency Use of Manual Restraint

- 4.71 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:
 - 4.712 Only manual restraints allowed in this policy are implemented;
 - 4.713 Manual restraints that have been determined to be contraindicated for a person are not implemented with that person;
 - 4.714 Allowed manual restraints are implemented only by staff trained in their use;
 - 4.716 The restraint is being implemented properly as required; and
 - 4.717 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.
- 4.72 When possible, a staff person who is not implementing the emergency use of a manual restraint must monitor the procedure.
- 4.73 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.

4.80 Reporting Emergency Use of Manual Restraint

- 4.81 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.

- 4.82 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 a Program Support Manager, a Program Director, the Program Training and Resource Director, or the Support Service coordinator-ADS the following information about the emergency use:
- 4.821 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;
 - 4.822 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;
 - 4.823 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;
 - 4.824 Description of the mental, physical, and emotional condition of the person who was manually restrained, leading up to, during, and following the manual restraint;
 - 4.825 Description of the mental, physical, and emotional condition of the other persons involved leading up to, during, and following the manual restraint;
 - 4.826 Whether there was any injury to the person who was restrained before or as a result of the use of a manual restraint;
 - 4.827 Whether there was any injury to other persons, including staff, before or as a result of the use of a manual restraint; and
 - 4.828 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.
- 4.83 A copy of this report must be maintained in the person's service recipient record. The record must be uniform and legible.
- 4.84 Each single incident of emergency use of manual restraint must be reported separately. A single incident is when the following conditions have been met:
- 4.841 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;

4.842 Upon the attempt to release the restraint, the person's behavior immediately re-escalates; and staff must immediately re-implement the manual restraint in order to maintain safety.

4.90 Internal Review of Emergency Use of Manual Restraint

4.91 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.

4.92 The internal review must include an evaluation of whether:

4.921 The person's service and support strategies need to be revised;

4.923 Related policies and procedures were followed;

4.924 The policies and procedures were adequate;

4.925 There is need for additional staff training;

4.926 The reported event is similar to past events with the persons, staff, or the services involved; and

4.927 There is a need for corrective action by the program to protect the health and safety of persons.

4.93 Based on the results of the internal review, the program must develop, document, and implement a corrective action plan for the program designed to correct current lapses and prevent future lapses in performance by individuals or the program.

4.94 The corrective action plan, if any, must be implemented within 30 days of the internal review being completed by a Program Support Manager, a Program Director, the Program Training and Resource Director or the Support Service Coordinator-ADS.

4.95 A Program Support Manager, a Program Director, the Program Training and Resource Director or the Support Service Coordinator-ADS is responsible for conducting the internal review and for ensuring that corrective action is taken, when determined necessary.

4.100 Expanded Support Team Review of Emergency Use of Manual Restraint

4.101 Within 5 working days after the completion of the internal review, the program must consult with the expanded support team to:

4.1011 Discuss the incident to:

4.1012 Define the antecedent or event that gave rise to the behavior resulting in the manual restraint; and

4.1013 Identify the perceived function the behavior served.

4.102 Determine whether the person's coordinated service and support plan addendum needs to be revised to:

4.1021 Positively and effectively help the person maintain stability; and

4.1022 Reduce or eliminate future occurrences of manual restraint.

4.103 The program must maintain a written summary of the expanded support team's discussion and decisions in the person's service recipient record.

4.104 A Program Support Manager, a Program Director, the Program Training and Resource Director or the Support Service Coordinator-ADS is 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.

4.200 External Review and Reporting of Emergency Use of Manual Restraint

4.201 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 using the online behavior intervention reporting form which automatically routes the report to the Office of the Ombudsman for Mental Health and Developmental Disabilities:

4.2011 Report of the emergency use of a manual restraint;

4.2012 The internal review and corrective action plan; and

4.2013 The expanded support team review written summary.

4.202 A complete copy of the completed Behavior Intervention Report Form (DHS Form-5148) must be sent to each member of the expanded support team within twenty-four (24) hours of submission.

4.300 Staff Training

4.301 Before staff may implement manual restraints on an emergency basis the program must provide the training required in this section.

4.302 The program must provide staff with orientation and annual training as required in Minnesota Statutes, section [245D.09](#).

4.303 Before having unsupervised direct contact with persons served by the program, the program must provide instruction on prohibited procedures that address the following:

4.3031 What constitutes the use of chemical restraint, seclusion, time out, manual restraint and mechanical restraint;

4.3032 Staff responsibilities related to ensuring prohibited procedures are not used;

4.3033 Why such prohibited procedures are not effective for reducing or eliminating symptoms or undesired behavior;

4.3034 Why prohibited procedures are not safe; and

4.3035 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.

- 4.304 Within 60 days of hire the program must provide instruction on the following topics, including a. through e. above, before a staff is permitted to implement an emergency use of manual restraint:
 - 4.3041 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;
 - 4.3042 De-escalation methods, positive support strategies, and how to avoid power struggles;
 - 4.3043 Simulated experiences of administering and receiving manual restraint procedures allowed by the program on an emergency basis;
 - 4.3044 How to properly identify thresholds for implementing and ceasing restrictive procedures;
 - 4.3045 How to recognize, monitor, and respond to the person's physical signs of distress, including positional asphyxia;
 - 4.3046 The physiological and psychological impact on the person and the staff when restrictive procedures are used;
 - 4.3047 The communicative intent of behaviors; and
 - 4.3048 Relationship building.
- 4.305 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.
- 4.306 The program must maintain documentation of the training received and of each staff person's competency in each staff person's personnel record.