

5 EMERGENCY USE OF MANUAL RESTRAINTS POLICY

1.00 PURPOSE:

The purpose of this policy is to promote the rights of clients served by this Company and to protect their health and safety during the emergency use of manual restraints.

“Emergency Use of Manual Restraint” (EUMR) means using a manual restraint when a client 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 client’s refusal to receive or participate in treatment or programming on their own, does not constitute an emergency.

2.00 APPLICATION:

This policy applies to each client of 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 EUMR.

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 in an attempt to de-escalate a client’s behavior before it poses an imminent risk of physical harm to self or others:

- Follow individualized strategies in a client’s Support Plan (SP) and Support Plan addendum (SPA);
- Shift the focus by verbally redirecting the client to a desired alternative activity;
- Model desired behavior;
- Reinforce appropriate behavior;
- Offer choices, including activities that are relaxing and enjoyable to the client;
- Use positive verbal guidance and feedback;
- Actively listen to the client and validate their feelings;
- Create a calm environment by reducing sound, lights, and other factors that may agitate the client;
- Speak calmly with reassuring words and consider volume, tone, and non-verbal communication;
- Simplify a routine or discontinue until the client is calm and agrees to participate;
- Respect the client’s need for physical space and/or privacy; or
- Have a preferred employee help the client attempt to de-escalate their behavior.

4.12 The Company will develop a positive support transition plan on the forms and in manner prescribed by the Commissioner and within the required timelines for each client 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 EUMR as identified in 1.00 of this policy;
- 4.123 Prevent the client 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 Company. When used on a continuous basis, it must be addressed in a client's SPA. Any use of manual restraint as a permitted action or procedure must comply with the restrictions stated in section 4.50 of this policy - "Conditions for Emergency Use of Manual Restraint".
- 4.22 Physical contact or instructional techniques must be use the least restrictive alternative possible to meet the needs of the client and may be used to:
 - 4.221 Calm or comfort a client by holding the person with no resistance from that person;
 - 4.222 Protect a client known to be at risk or injury due to frequent falls as a result of a medical condition;
 - 4.223 Facilitate the client's completion of a task or response when the client does not resist or their resistance is minimal in intensity and duration;
 - 4.224 Block or redirect a client's limbs or body without holding them or limiting their movement to interrupt their behavior that may result in injury to self or others with less than 60 seconds of physical contact by an employee; or
 - 4.225 Redirect a client's behavior when the behavior does not pose a serious threat to the client or others and the behavior is effectively redirected with less than 60 seconds of contact by an employee.
- 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 client;
 - 4.232 Assist in the safe evacuation or redirection of a client in the event of an emergency and the client is at imminent risk of harm; or
 - 4.233 Position a client with physical disabilities in a manner specified in their SPA.

4.30 Prohibited Procedures

- 4.31 Use of the following procedures as a substitute for adequate staffing, for a behavioral or therapeutic approach to reduce or eliminate behavior, as punishment, or for employee convenience, is prohibited by the Company:
- Chemical restraint;
 - Manual restraint;
 - Mechanical restraint;
 - Time out;
 - Seclusion;
 - Prone restraint;
 - Faradic shock;
 - Speaking to a client in a manner that ridicules, demeans, threatens or is abusive;
 - Using physical intimidation/show of force;
 - Denying or restricting a client’s access to equipment and devices such as wheelchairs, walkers, hearing aids and communication boards that facilitate their functioning;
 - Using painful techniques;
 - Hyperextending or twisting a client’s body parts;
 - Tripping or pushing a client;
 - Using punishment of any kind;
 - Requiring a client to assume and maintain a specified physical position or posture;
 - Using forced exercise;
 - Totally or partially restricting a client’s senses;
 - Presenting intense sounds, lights other sensory stimuli;
 - Using a noxious smell, taste, substance or spray;
 - Requiring a client to earn normal goods and services;
 - Using token programs that include response cost;
 - Using a client to discipline another client; or
 - 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 client’s behavior or restrict their freedom of movement and is not a standard treatment or dosage for the client’s medical or psychological condition.
- 4.312 Manual restraint: “Manual restraint” means physical intervention intended to hold a client immobile or limit their voluntary movement by using body contact as the only source of physical restraint (emergency use of manual restraint is permitted when specific criteria as defined by 245D are met).
- 4.313 Mechanical restraint: Except for devices worn by the client that trigger electronic alarms to warn employees that a client 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 client’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 their voluntary movements or holds them immobile as an intervention precipitated by their behavior. The term applies to the use of mechanical restraints used to prevent injury with client 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.

4.314 Time out: “Time out” means the involuntary removal of a client for a period of time to a designated area from which the client 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 client involuntarily to a room from which exit is prohibited by an employee or a mechanism such as a lock, a device, or an object positioned to hold the door closed or otherwise prevent the client from leaving the room; or (2) otherwise involuntarily removing or separating a client from an area, activity, situation, or social contact with others and blocking or preventing their return.

4.40 Manual Restraints Allowed in Emergencies

4.41 This Company allows the following manual restraint procedures to be used on an emergency basis when a client’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 client is resistive;

4.412 One arm, one employee standing;

4.413 One arm, one employee standing with the free arm managed;

4.414 Two arm, one employee standing;

4.415 One arm or two arm, one employee standing with one employee assisting from one side;

4.416 One arm or two arm, one employee standing with two employees assisting, one from each side; and

4.417 Use of employee’s hand (s), arm(s) or body contact to hold a client’s hand(s), arm(s) or body immobile when that intervention is the least intrusive or physical space does not permit implementation of procedures 4.411 – 4.416.

4.42 The Company will not allow the use of a manual restraint procedure with a client when it has been determined by their physician or mental health provider to be medically or psychologically contraindicated.

4.421 This Company will complete an assessment of whether the allowed procedures are contraindicated for each client as part of the service planning required under section 245D.071, subdivision 2, for clients of basic support services; or the assessment and initial service planning required under section 245D.071, subdivision 3, for clients 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 EUMR

4.51 EUMR must meet the following conditions:

4.511 Immediate intervention must be needed to protect the client 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 EUMR must end when the threat of harm ends.

4.52 The following conditions, on their own, are not conditions for EUMR:

4.521 The client is engaging in property destruction that does not cause imminent risk of physical harm;

4.522 The client is engaging in verbal aggression with employees or others; or

4.523 A client's refusal to receive or participate in treatment or programming.

4.60 Restrictions When Implementing EUMR

4.61 EUMR must not:

4.611 Be implemented with a client in a manner that constitutes abuse or neglect;

4.612 Be implemented in a manner that violates a client's rights and protection;

4.613 Be implemented in a manner that is contraindicated for any of the client's known medical or psychological limitations;

4.614 Restrict a client'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 client's normal access to any protection required by state licensing standards and federal regulations governing this Company;

4.616 Deny a client 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 employees, as punishment, or as a consequence if the client refuses to participate in the treatment or services provided by this Company;
- 4.618 Use prone restraint. “Prone restraint” means use of manual restraint that places a client in a face-down position. It does not include brief physical holding of a client who, during an EUMR, rolls into a prone position, and they are restored to a standing, sitting, or side-lying position as quickly as possible; or
- 4.619 Apply back or chest pressure while a client is in a prone (meaning face-down) or supine (meaning a face-up) position, or a side-lying position.

4.70 Monitoring EUMR

- 4.71 The Company must monitor a client’s health and safety during an EUMR to ensure the following:
 - 4.711 Only manual restraints allowed in this policy are implemented;
 - 4.712 Manual restraints that have been determined to be contraindicated for a client are not implemented with that client;
 - 4.713 Allowed manual restraints are implemented only by employees trained in their use;
 - 4.714 The restraint is being implemented properly as required; and
 - 4.715 The mental, physical, and emotional condition of the client who is being manually restrained is being assessed and intervention is provided when necessary to maintain the client’s health and safety and prevent injury to the client, employee involved, or others involved.
- 4.72 When possible, an employee who is not implementing the EUMR must monitor the procedure.
- 4.73 A monitoring form, as approved by the Department of Human Services, must be completed for each incident involving EUMR.

4.80 Reporting EUMR

- 4.81 Within 24 hours of an EUMR, 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 EUMR involves more than one client, the incident report made to the legal representative and the case manager must not disclose personally identifiable information about any other client or employee unless the Company has the consent of the client or employee.

- 4.82 Within 3 calendar days after an EUMR, the employee who implemented the EUMR must report verbally or in writing to an Assistant Program Director, Program Director, or designee who will document the following information:

- 4.821 Who was involved in the incident leading up to the EUMR including the names of employees and clients 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 EUMR;
 - 4.823 A description of what less restrictive alternative measures were attempted to de-escalate the incident and maintain safety before the EUMR was implemented. This description must identify when, how, and how long the alternative measures were attempted before the manual restraint was implemented;
 - 4.824 A description of the mental, physical, and emotional condition of the client who was manually restrained, leading up to, during, and following the EUMR;
 - 4.825 A description of the mental, physical, and emotional condition of the other clients involved leading up to, during, and following the EUMR;
 - 4.826 Whether there was any injury to the client who was restrained before or as a result of the EUMR;
 - 4.827 Whether there was any injury to other clients and employees, before or as a result of the EUMR; and
 - 4.828 Whether there was a debriefing with the employees and, if not contraindicated, with the client who was restrained and other clients and employees 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 client's record. The record must be uniform and legible.
- 4.84 Each single incident of EUMR must be reported separately. A single incident is when the following conditions have been met:
- 4.841 After implementing the EUMR employees attempt to release the client at the moment an employee believes the client'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 client's behavior immediately re-escalates; and employees 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 an EUMR the Company must complete and document an internal review of the report made by the employee who implemented the manual restraint.

- 4.92 The internal review must include an evaluation of whether:
 - 4.921 The client's service and support strategies need to be revised;
 - 4.922 Related policies and procedures were followed;
 - 4.923 The policies and procedures were adequate;
 - 4.924 There is need for additional employee training;
 - 4.925 The reported event is similar to past events with the clients, employees, or the services involved; and
 - 4.926 There is a need for corrective action by the Company to protect the health and safety of clients.
- 4.93 Based on the results of the internal review, the Company must develop, document, and implement a corrective action plan for the Company designed to correct current lapses and prevent future lapses in performance by employees or the Company.
- 4.94 The corrective action plan, if any, must be implemented within 30 days of the internal review being completed by an Assistant Program Director or Program Director.
- 4.95 An Assistant Program Director or Program Director 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 Company must discuss the incident with the expanded support team to:
 - 4.1011 Define the antecedent or event that gave rise to the behavior resulting in the manual restraint; and
 - 4.1012 Identify the perceived function the behavior served.
 - 4.1013 Determine whether the client's SPA needs to be revised to positively and effectively help them maintain stability and/or reduce or eliminate future occurrences of manual restraint.
 - 4.102 The Company must maintain a written summary of the expanded support team's discussion and decisions in the client's record.
 - 4.103 An Assistant Program Director or Program Director, is responsible for conducting the expanded support team review and for ensuring that the client's SPA is revised, when determined necessary.
- 4.200 External Review and Reporting of Emergency Use of Manual Restraint

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- 4.201 Within 5 working days after the completion of the expanded support team review, the Company must submit the following to the Department of Human Services using the online [Behavior Intervention Reporting](#) Form or BIRF (DHS form 5148) which automatically routes the report to the Office of the Ombudsman for Mental Health and Developmental Disabilities:
- 4.2011 Report of the EUMR;
 - 4.2012 The internal review and corrective action plan; and
 - 4.2013 Written summary of the expanded support team review.
- 4.202 A full copy of the completed BIRF will be sent to each member of the expanded support team upon their request.
- 4.300 Employee Training
- 4.301 Before employees may implement manual restraints on an emergency basis the program must provide the training required in this section. Training on these topics received from other sources may count toward these requirements if received in the 12-month period before the employee's date of hire.
- 4.302 Orientation and annual training as required in Minnesota Statutes, section 245D.09. Documentation of the training received and date of first unsupervised direct contact and employee's competency must be maintained in their training record.
- 4.303 Before having unsupervised direct contact with clients by the Company, the Company 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 Employee 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 Company must provide instruction on the following topics, before an employee is permitted to implement an EUMR:
- 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 Company 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 client's physical signs of distress, including positional asphyxia;
- 4.3046 The physiological and psychological impact on the client and employee when restrictive procedures are used; and
- 4.3047 The communicative intent of behaviors.

Policy reviewed and authorized on 02/15/2024 by:



John Wayne Barker, Executive Director