



RESTRICTIVE PROCEDURE POLICY

DEFINITION OF RESTRICTIVE PROCEDURES

A restrictive procedure is a practice that limits an individual's movement, activity, or function; interferes with an individual's ability to acquire positive reinforcement; results in the loss of objects or activities that an individual values; or requires an individual to engage in a behavior that the individual would not engage in given freedom of choice.

APPROPRIATE USE OF RESTRICTIVE PROCEDURES

- (A) A restrictive procedure may not be used as retribution, for the convenience of staff persons, as a substitute for the program or in a way that interferes with the individual's developmental program.
- (B) For each incident requiring restrictive procedures:
 - a. Every attempt shall be made to anticipate and de-escalate the behavior using methods of intervention less intrusive than restrictive procedures.
 - b. A restrictive procedure may not be used unless less restrictive techniques and resources appropriate to the behavior have been tried but have failed.
- (C) Verbal redirection, physical prompts, escorting and guiding an individual are permitted.
- (D) Examples of modification of rights include:
 - a. Physical restraint
 - b. Environmental modifications that limit rights
 - c. Privacy modifications
 - d. Limiting use or access to communication methods including phone, internet, or mail
 - e. Limiting visits with family or friends
 - f. Limiting access to specific areas of a home
 - g. Limiting access to places in the community
 - h. Limiting access to personal possessions
 - i. Limiting access to money or choice on how it is spent
 - j. Implementing health related interventions, such as smoking cessations plans
 - k. Developing a token economy or other reward or level system
 - l. Limitations on an individual's rights that are ordered by a court

PROHIBITED RESTRICTIVE PROCEDURES

The following procedures are prohibited:

- (A) Seclusion, defined as involuntary confinement of an individual in a room or area from which the individual is physically prevented or verbally directed from leaving. Seclusion includes physically holding a door shut or using a foot pressure lock.
- (B) Aversive conditioning, defined as the application of startling, painful or noxious stimuli.
- (C) Pressure-point techniques, defined as the application of pain for the purpose of achieving compliance. A pressure-point technique does not include a clinically accepted bite release technique that is applied only as long as necessary to release the bite.
- (D) A chemical restraint, defined as use of a drug for the specific and exclusive purpose of controlling acute or episodic aggressive behavior. A chemical restraint does not include a drug ordered by a health care practitioner or dentist for the following use or event:
- (E) Treatment of the symptoms of a specific mental, emotional, or behavioral condition.
 - a. Pretreatment prior to a medical or dental examination or treatment.
 - b. An ongoing program of medication.
 - c. A specific, time-limited stressful event or situation to assist the individual to control the individual's own behavior.
- (F) A mechanical restraint, defined as a device that restricts the movement or function of an individual or portion of an individual's body. A mechanical restraint includes a geriatric chair, a bedrail that restricts the movement or function of the individual, handcuffs, anklets, wristlets, camisole, helmet with fasteners, muffs and mitts with fasteners, restraint vest, waist strap, head strap, restraint board, restraining sheet, chest restraint and other similar devices. A mechanical restraint does not include the use of a seat belt during movement or transportation. A mechanical restraint does not include a device prescribed by a health care practitioner for the following use or event:
 - a. Post-surgical or wound care.
 - b. Balance or support to achieve functional body position, if the individual can easily remove the device or if the device is removed by a staff person immediately upon the request or indication by the individual, and if the individual plan includes periodic relief from the device to allow freedom of movement.
 - c. Protection from injury during a seizure or other medical condition, if the individual can easily remove the device or if the device is removed by a staff person immediately upon the request or indication by the individual, and if the individual plan includes periodic relief from the device to allow freedom of movement.
- (G) A prone position physical restraint is prohibited.
- (H) A physical restraint that inhibits digestion or respiration, inflicts pain, causes embarrassment or humiliation, causes hyperextension of joints, applies pressure on the chest or joints or allows for a free fall to the floor is prohibited.
- (I) Access to or the use of an individual's personal funds or property may not be used as a reward or punishment. An individual's personal funds or property may not be used as

payment for damages unless the individual consents to make restitution for the damages or is court-ordered.

HUMAN RIGHTS TEAM

The Human Rights Team (HRT) should ensure that the provider is respecting, protecting, and promoting the human, civil, and legal rights of individuals the provider serves. Thus, the purpose of an HRT is to support individuals by providing a comprehensive multi-disciplinary team review of any modification of an individual's rights, including a proposed modification or the use of a restrictive procedure. The primary responsibility of an HRT is to protect the rights of individuals receiving services.

- (A) If a restrictive procedure is to be used, the written plan must be reviewed and approved by the HRT before it may be implemented.
- (B) The HRT shall include a professional who has a recognized degree, certification or license relating to behavioral support, who did not develop the behavior support component of the individual plan.
- (C) The HRT will include persons who do not provide direct services to the individual.
- (D) The HRT will review the RPP at a minimum of every six months.
- (E) A written record of the meeting will be maintained by the chairperson of the HRT. Content will include discussion of the specific plan, individual's needs, progress from the previous plan and recommendations for continuing/discontinuing.
- (F) The provider must have a policy in place detailing strategies to ensure the confidentiality of data and information reviewed by the HRT. All participating HRT members should have training on this policy and a copy of the policy should be distributed to all members and included in the agency's records.

RESTRICTIVE PROCEDURE PLAN

- (A) For each individual for whom restrictive procedures may be used, a RPP will be written prior to use of restrictive procedures.
- (B) The RPP will be developed and revised by the Behavior Specialist with the participation of the Program Specialist, direct care staff, interdisciplinary team, and other professionals as appropriate.
- (C) The RPP shall include:
 - a. The specific behavior to be addressed and the suspected antecedent or reason for the behavior.
 - b. The behavioral outcome desired, stated in measurable terms.
 - c. Methods for modifying or eliminating the behavior, such as changes in the environment, changes in the routine, improving communication, teaching skills, recognizing, and treating physical and behavior health conditions, voluntary physical exercise, redirection, praise, modeling, conflict resolution, de-escalation and teaching skills and reinforcing appropriate behavior.

- d. Types of restrictive procedures that may be used and the circumstances under which the procedures may be used.
- e. A target date for achieving this outcome.
- f. The amount of time the restrictive procedure may be used, not to exceed the maximum time periods specified by regulations.
- g. Physical/health concerns of the client that may require special attention during the use of restrictive procedures.
- h. The name of the staff responsible for monitoring and documenting progress with the behavior support component of the individual plan.
- i. The RPP will be implemented as written.
- j. Copies of the RPP will be kept in the individual's record.

INFORMED CONSENT

- (A) Informed consent is the knowing consent voluntarily given by an individual (or by the individual's substitute decision-maker or guardian, if applicable) who can understand and weigh the risks and benefits involved in the decision or matter. If a guardian provides consent on behalf of the individual, the behavior support component of the Individual Plan must be explained to the individual as well.
- (B) Thorough attempts must be made to obtain informed consent for all restrictive procedures that may be used as specified in the behavior support component of the Individual Plan, including the modification of individual rights using restrictive procedures, from the individual who will experience the modification of rights.
- (C) Written consent or documentation of the attempts to obtain consent is dated and expires upon completion of the authorization period for the specific procedure for which it applies.
- (D) If consent is not obtained and in order to ensure an individual's health and safety or the health and safety of others, the implementation of a restrictive plan may proceed using the following procedure:
 - a. The behavior support component of the Individual Plan is presented to the HRT for review.
 - b. Documentation of attempts to obtain informed consent are present.
 - c. The restrictive procedure is determined to be necessary to preserve the individual's health and safety.
 - d. The HRT balances human rights with the need to support an individual's health and safety.