



PHYSICAL RESTRAINT POLICY

The goal of all programs served by the Human Resources Center is to abstain from the use of physical restraints. The goal is for all behavior to be addressed using positive practices. See PA Bulletin 00-06-09 Elimination of Restraints through Positive Practices.

A physical restraint is a physical, hands-on method that restricts, immobilizes, or reduces an individual's ability to move his or her arm, legs, head, or other body parts freely. Physical restraints may only be used in the case of an emergency to prevent an individual from immediate physical harm to self or others and may not be used for more than 30 cumulative minutes within a 2-hour period.

In the 2021 Incident Management Bulletin, the wording that defined a restraint as a hands-on technique "lasting more than 30 seconds" has been removed. Therefore, a restraint lasting two seconds would be considered a restraint. In a situation such as a staff grabbing a client to stop them from entering traffic, this would need to be filed as an incident under Physical Restraint-Provider Emergency Protocol. Although this particular restraint is likely not in this individual's plan, this would not be filed under Abuse- Misapplication/Unauthorized Use of Restraint, as this was an emergency restraint used to ensure the health, safety, and welfare of the individual in an emergency situation. If an individual had two of these restraints within a 6-month period, it is then time for the team to evaluate this individual's safety and implement a plan. If the plan is put in place prior to this restraint happening for a third time, the third time would be filed under, Physical Restraint- Human Rights Team Approved Restrictive Intervention. If the plan was not put in place prior to this restraint happening for a third time, the third time would be filed under Abuse- Misapplication/Unauthorized Use of Restraint. Please reference § 6100.349 Emergency use of a physical restraint.

A physical restraint may be used only when necessary, to protect the individual from injuring self or others. A physical restraint may be used in an emergency if the individual is presenting a danger to self or to others. This assumes that all other less restrictive interventions were attempted/employed prior to the use of physical restraint. Documentation must be completed indicating that other less restrictive methods of intervention were unsuccessful in protecting the individual from injuring self or others.

If a restraint is implemented, the individual shall be released from the physical restraint within the time specified in the restrictive procedure plan (Support Plan) not to exceed 30 cumulative minutes in two hours. Any restraint should be terminated as soon as the individual presents as no longer a danger to self or others. If an emergency restraint, it may not be re-implemented unless the grounds for an emergency restraint exist (danger to self and others with no less restrictive intervention being successful).

The only authorized physical restraints are those that are defined by Crisis Prevention Institute (CPI) and that are trained by the Human Resources Center.

Prohibited restraints include:

- Prone position physical restraints
- Any 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.
- Any physical restraint that is used more than 30 cumulative minutes within a two-hour period.
- Chemical restraints
- Mechanical restraints

Any use of physical restraint must be reported as an incident to the HCSIS Administrator, who must submit these incidents electronically via HCSIS, a web-based system or by fax if the web-based system is down.

a. Improper or unauthorized use of physical restraint must be reported to the HCSIS Administrator within 24 hours and is to be considered as abuse. A restraint not approved in the individual's support plan or a restraint that is not part of an agency's emergency restraint procedure is unauthorized. A restraint that is intentionally applied incorrectly is considered an improper use of restraint.

b. A restraint that is a part of an individual's support plan and which is authorized must also be reported to the HCSIS Administrator within 24 hours. An emergency restraint that is a part of an agency's emergency restraint procedure must be reported to the HCSIS Administrator within 24 hours.

If a physical restraint is to be part of a Behavioral Support Plan, the plan must be considered as a Restrictive Procedures Plan (RPP) and must follow the guidelines developed for restrictive procedures (See ODP Bulletin 00-21-01 for more details).

GUIDELINES

(A) A restrictive procedure may not be used as retribution, for convenience of staff persons, as a substitute for a program or in a way that interferes with the individual's developmental program.

(B) For each incident requiring a restrictive procedure:

- a. Every attempt shall be made to anticipate and de-escalate the behavior using less intrusive methods than a restrictive procedure.
- b. A restrictive procedure may not be used unless less restrictive techniques and resources appropriate to the behavior have been tried and failed.

HUMAN RIGHTS TEAM

- (A) If a restrictive procedure is to be used, the written plan must be reviewed and approved by the Human Rights Team (HRT) before it may be implemented.
- (B) The HRT will include persons who do not provide direct services to the individual.
- (C) The HRT will review the RPP at a minimum of every six months.
- (D) 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.

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, 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 make of the staff responsible for monitoring and documenting progress in the plan.
 - i. The RPP will be implemented as written.
 - j. Copies of the RPP will be kept in the individual's record.

STAFF TRAINING

- (A) If a restrictive procedure is used, at least one staff person will be available when the restrictive procedure is used who has completed training within the past twelve months in the use of ethics of using restrictive procedures including the use of alternate positive approaches.

- (B) Staff responsible for developing, implementing, or managing a RPP will be trained in the use of the specific techniques or procedures that are used.
- (C) With physical restraint or exclusion, the staff person responsible for developing, implementing, and managing a RPP will have experienced the use of specific techniques or procedures directly on themselves.
- (D) Documentation of the training program provided, including the staff persons trained, dates of the training, description of the training and the training source, will be kept in the HRC Administration Office.
- (E) Training will be ongoing for all staff and will focus on overall supports for improving an individual's quality of life while maintaining his or her health and welfare. HRC will support individuals in a restraint-free environment and provide training to staff.
- (F) Staff will have initial orientation training upon hiring. Ongoing training is expected to occur within every calendar year. Training in the application of restraints will be limited to those staff that may be required to utilize restraint as part of operating procedures. Training topics will be incorporated into the training schedule that have been recommended by ODP:
 - a. Environmental design, and social, physiological, and cultural motivators for behaviors, including information on individuals who have experienced trauma. This includes understanding the impact of environmental factors and triggers.
 - b. Positive practices and behavioral support methods that include techniques to de-escalate behavior; listening and communication skills; awareness of environmental factors that can cause disruptive behaviors; violence prevention and conflict resolution; and how to complete a functional assessment.
 - c. Information on methods for interacting with individuals who have a dual diagnosis of intellectual disability and mental illness. This includes the effects of medication, how medication changes can impact behavior and teaching alternative strategies and other coping mechanisms.
 - d. Person-centered alternatives to the use of restraint, including an understanding of which positive practices are most effective with individuals and teaching strategies that emphasize prevention of future negative incidents. This includes the integration of effective behavioral supports.
 - e. Basic training in body mechanics that illustrates how to avoid hyperextensions and other positions that may endanger individual safety.
 - f. Awareness of an individual's health history to assess increased risk that may occur during the application of a restraint.
 - g. The use of physical restraints, including the proper application of restraints appropriate to the age, weight, and diagnosis of the individual. Also, possible negative psychological effects of restraint and monitoring an individual's physical condition for signs of distress or trauma.
 - h. Definitions of restraint; policies on the use of restraints; the risks associated with the use of restraints; and staff experience the use of physical restraint to

themselves. This includes debriefing techniques with the individuals they support as well as staff members.

REVIEW OF INCIDENT INVOLVING PHYSICAL RESTRAINT

The Human Resources Center Incident Management committee will review incidents that involve physical restraint. The intent is to assure the appropriate use emergency restraints and/or physical restraints. Incident Management will review use of restraints in accordance with the requirements of Bulletin 00-21-02.

SOURCES TO REVIEW

PA Bulletin 00-06-09 Elimination of Restraints through Positive Practices

PA Bulletin 00-21-01 Guidance for Human Rights Teams and Human Rights Committees

PA Bulletin 00-21-02 Incident Management

Restrictive Procedures:

PA Code Chapter 2380.151 PA Code Chapter 2390.171

PA Code Chapter 6100.341 PA Code Chapter 6400.191 PA Code Chapter 6500.161