

Restrictive Procedures

A. Purpose

- a. As part of Friendship Community's mission to affirm the worth of all people, we strive to reduce or eliminate the need for restraints and other restrictive procedures. Friendship Community recognizes the impact of trauma and abuse on Individuals that have developmental and intellectual disabilities. Friendship Community strives to implement interventions that reduce the impact of abuse and trauma. Friendship Community provides various behavior supports to support Individuals with their behavioral challenges, generally outlined within an Individual's specific Behavior Support Plan. Crisis plans within Behavior Support Plans are used if an Individual has shown imminent risk to self and/or others. Input and participation of each Individual shall be encouraged in developing and updating plans on their behalf.

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B. Definitions

- a. Restrictive Procedure: 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 if given freedom of choice. Drugs used to manage behavior (drugs that are given outside of a mental health diagnosis) are considered restrictive procedures and are not permitted within Friendship Community, unless appropriate approvals have been obtained.
 - i. In ICF-MR facilities, if a psychotropic drug is used to treat a mental health diagnosis, this is considered restrictive and requires proper approvals.
- b. Restraint: A restraint is a practice that limits an Individual's movement, activity or function. The Individual must present an imminent danger to themselves and/or others in order for a Team Member to use a restraint.
- c. Emergency Restraint: A restraint used only when unsafe behaviors reasonably could not have been anticipated and de-escalated. In order to utilize a restraint, an Individual must present imminent danger to themselves and/or others.
- d. Health Related Protection: Medication or procedures used in order to safely perform medical treatment and for safe care during a specific medical illness or medical procedure. This is the only type of PRN medication permitted within Friendship Community homes.

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C. Circumstances Where Restrictive Procedures Can Be Used

- a. Restrictive methods are only used to aid in providing for the health and safety of Individuals.
- b. Positive reinforcement is also used as a method to stimulate and encourage positive behavior change.
- c. The above shall be outlined in Behavior Support Plan under Restrictive Procedures and there shall be a plan to attempt reduction of restrictions, as applicable, over a specified time.

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D. Approved Procedures and Techniques

- a. The following procedures and techniques may be used within Friendship Community with adherence to applicable regulatory guidelines and with proper consents, as applicable:
 - i. Token Economy System
 - ii. Intensive staffing and/or supervision
 - iii. Locked doors/cabinets that contain chemicals or other items of potential risk.
 - iv. Environmental modifications (securing items to floors/walls, use of Plexiglas)
 - v. Financial restitution (requesting payment to replace items that an Individual has damaged)
 - vi. Physical restraints (also known as Manual Restraints), defined as physically limiting an Individual's movement for a time period of 30 seconds or more.
 - vii. Mechanical Supports devices used to provide safety to persons (gait belts, seatbelts, trays, foot straps, chest straps, and slings) are not considered to be a restraint as the device is used to provide for safe daily functioning and does not hinder the person's mobility. Health related protection is medication or procedures used in order to safely perform medical treatment and for safe care during a specific medical illness or medical procedure. This is the only type of PRN medication permitted within Friendship Community programs.

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E. Prohibited Procedures and Techniques

The following are prohibited unless prior ODP approval of a Request for Waiver of Regulations has been received and is maintained in the Individual's record:

- a. Seclusion and/or "Time out" rooms or areas
- b. Aversive conditioning and/or any type of pain inducing techniques or noxious stimuli
- c. Any procedure that denies human needs including:
 - i. Sleep
 - ii. Shelter
 - iii. Bedding
 - iv. Use of Bathroom Facilities
 - v. Clothing
 - vi. Food
- d. Chemical restraints: A chemical restraint is a drug used to control acute, episodic behavior that restricts the movement or function of an Individual.
- e. Mechanical restraints: A device used to restrict or limit a person's movement. This does not include mechanical supports as listed above, but may include items such as helmets with fasteners when the Individual is unable to remove or request removal independently.
- f. Misuse of Individual's personal funds and property. It is not permissible to use an Individual's funds or property as a reward or punishment for desired or undesired behaviors. It is not acceptable to use Individual funds to pay for damages an Individual causes to property that does not belong to that person unless the Individual has consented in writing to make restitution for the damages and this agreement is outlined in a formal plan approved by the Restrictive Procedures Committee. The Individual's signature shall be witnessed by a Program Manager or designee.
- g. Restrictive procedures may not be used for the convenience of Team Members, as retribution, or as a substitute for the program or in any way that interferes with the Individual's programming or care.
- h. Medications or restrictive procedures are not permitted to be used on an "As needed" or "Standing Order" to control inappropriate behaviors.

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F. Interventions

- a. Every attempt shall be made to anticipate and de-escalate the challenging behaviors using methods of intervention that are less intrusive than restrictive procedures.
- b. Less restrictive techniques shall be implemented and documented.

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G. Hierarchy of Interventions

- a. The following interventions are listed from least to most restrictive and are not limited to:
 - i. Assess situation
 - ii. Utilize Positive Approaches techniques outlined in the Individual's program plans.
 - iii. Talk with the Individual and offer an alternative activity or interaction.
 - iv. Monitor environment and alter as necessary to de-escalate and mitigate health and safety concerns.
 - v. Alternate Team Members if an Individual appears to be targeting or not responding well to a particular Team Member.
 - vi. Use approved Safe and Positive Approaches strategies.
 - vii. Utilize approved restrictive procedures.
 - viii. Utilize approved restraint only if Individual or others are in imminent danger.

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H. Procedures for Restrictive Procedures

- a. All occurrences where an intervention and/or a restrictive procedure is used shall be documented.
- b. Documentation shall ensure that least restrictive measures have been implemented and ineffective prior to the use of more restrictive interventions.
- c. All suspected misuse of restrictive procedures shall be reported immediately to an Incident Management point person following initial protective measures on behalf of the Individual(s) impacted. Team Members shall follow the Incident Management reporting structure, as outlined in Incident Management policy and procedures, including appropriate corrective actions taken to prevent reoccurrence of misuse of restrictive procedures.

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I. Procedures for Restraints

- a. An Individual has a right to be free from all unnecessary restraints. Restraints are to be used only as a last resort when the actions of an Individual cause or may cause imminent danger to themselves or others. Restraint is never used as punishment, retaliation, retribution, therapeutic technique, or as a substitute for active treatment. Restraint is never used to compensate for environmental deficiencies or for Team Member convenience.
- b. If a restraint is proposed after all other approaches have been attempted and have not been successful, then an assessment and statement from a physician providing approval for the type of procedure to be used with an Individual is required prior to implementation of any restraint.
- c. Only the physical restraints that are authorized through the Personal Emergency Intervention Training (PEIT) and approved by Friendship Community shall be used. The PEIT provides Team Members with safe and effective control procedures to be utilized as a last resort in emergency crisis situations when less-restrictive options are neither effective nor applicable to the situation. Safe and Positive Approaches defines crisis as a situation in which the Individual poses a real and significant physical threat to the safety and welfare of him/herself and/or others. The PEIT presents physical procedures, from least to most restrictive, but also focuses on the importance of preventive strategies that reduce and eliminate the use of physical restraint.
- d. Manual restraints, also commonly referred to as physical restraints, are used only as a last resort safety measure when the Individual presents imminent danger of harm to oneself and/or others and other measures are ineffective.
- e. The only restraint techniques permitted are those in which Team Members have been successfully trained by a certified Devereux trained Personal Emergency Interventions Trainer. The following Personal Emergency Interventions are approved within Friendship Community and have been reviewed and approved by the Restrictive Procedures Committee:
 - i. Safety Assist
 - ii. Bear Hug Control
 - iii. Two Arm Control Assist
 - iv. Extended Arm Assist
 - v. Intervention when two Individuals are fighting
 - vi. Standing Restraint
 - vii. Chair Restraint
 - viii. One Person Assist to the Floor Two Arm Control
 - ix. Seated Safety Restraint
 - x. Any others as individually approved by the Safety Techniques/PEI and Restrictive Procedures Committees.
- f. The following manual restraints or techniques are considered especially dangerous and shall never be used within Friendship Community:
 - i. Prone (face down) manual (physical) restraint.
 - ii. Manual restraint that inhibits the respiratory and/or digestive system.
 - iii. Manual restraint that secures compliance by inflicting of pain, hyperextension of joints, and/or pressure on the chest or joints.

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- iv. Use of 'takedown' techniques where the Individual is not supported and/or that allows for free fall as the Individual goes to the floor.
- v. Use of any type of 'time out' or exclusion room or area.
- g. An Individual's physical condition shall be monitored throughout the restraint in order to minimize the potential of Individual harm or injury. A record of this monitoring shall be documented.
- h. Manual (physical) restraint shall not exceed 30 minutes within a two-hour time period, as outlined in applicable regulatory guidelines. Opportunity for motion and exercise must be provided for a period of not less than 10 minutes during each two-hour period in which restraint is employed, and a record of activity shall be documented.
- i. The Individual shall be released from the restraint immediately upon determination that the Individual is no longer a risk to him/herself or others.
- j. In addition to monitoring the Individual for signs of distress throughout the physical intervention, Team Member shall continue to monitor for a period of time (up to two hours) following the use of a restraint. A record of monitoring shall be kept.
- k. As an Individual is released from a restraint, other positive approaches shall be practiced to prevent reoccurrence of physical interventions.
- l. The Individual's physician shall be notified of any restraint and the Individual shall receive a medical assessment as soon as possible following the restraint.
- m. A Restraint Form shall be completed immediately following use of any restraint and a copy shall be forwarded to the appropriate Behavior Support Consultant.
- n. All restraints must be reported to the Enterprise Incident Management (EIM) system in accordance with regulatory requirements. Friendship Community shall initiate a Certified Investigation for all restraints.
- o. ICF-ID programs shall also report restraints to the Department of Health in addition to obtaining Restrictive Procedures Committee consent as soon as possible after the restraint was used. The duration of consent shall last for 12 hours following committee approval.
- p. Individual and team involvement in a post-restraint debriefing shall occur and a summary of events shall be provided to the Individual's Support Team for review and input on prevention of similar occurrences.

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- J. Procedures for Psychotropic Medications for a Mental Health Diagnosis (ICF-ID)
 - a. Medications that are prescribed to treat a mental health diagnosis are considered restrictive in ICF programs.
 - b. Medication reduction plans must be implemented for each medication prescribed to treat a mental health diagnosis.
 - c. Behavior Support Plans shall be implemented for each Individual taking medication for a mental health diagnosis.

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K. Approval Process for Restrictive Procedures

The purpose of the Restrictive Procedures Committee (also known as the Human Rights Committee) is to review, monitor, and approve restrictive procedures/techniques for Individuals in:

- a. Waiver and Base-Funded programs as follows:
 - i. Any practice that limits an Individual's movement, activity, or function
 - ii. Any practice that interferes with an Individual's ability to acquire positive reinforcement
 - iii. Any practice that results in the loss of reinforcements, objects or activities an Individual values
 - iv. Any practice that requires an Individual to engage in a behavior that he or she would not engage in if given freedom of choice
- b. ICF-ID programs as follows:
 - i. Inappropriate behavior and other programs that involve risks to Individual protection and rights as outlined in a Behavior Support Plan specifically addressing the Individual's needs
 - ii. Any programs which incorporate restrictive techniques (e.g. restraints, medication to manage behavior, restrictions on community access, locked cabinets, etc.). This includes monitoring of mechanical supports as follows:
 1. When initiated
 2. When changes are made
 3. Upon readmission to facility following hospitalization
 4. Quarterly review

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L. Composition of Human Rights Team

The committee is comprised of, at minimum, a Chairperson, Behavior Support Consultant, Program Specialist, Nurse and approximately three persons from the community, including but not restricted to clergy, family members and other professionals. Membership shall be reviewed annually. New memberships can be recommended as needs arise. Team Members and leaders who work directly with or on behalf of an Individual may not give approval for their restrictive procedure. This committee shall adhere to all regulatory guidelines and maintain the appropriate functions of a Human Rights Team, as defined by Office of Developmental Programs (ODP).

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M. Procedure for New Restrictive Procedures

- a. New restrictive procedures must have Restrictive Procedures Committee approval prior to implementation. If the procedure can wait until the next review, it shall be presented at that time. If the procedure must be implemented prior to the next scheduled review, the process is as follows:
 - i. QIDP, Program Specialist, Program Manager and/or HSS shall complete Restrictive Procedure Request form.
 - ii. For ICF-ID only, QIDP must gain written approval in the following order prior to approval by the Restrictive Procedures Committee:
 1. Individual
 2. Family member (verbal, followed by written)
 3. Restrictive Procedures Committee
 4. QIDP and HSS/Nurse Consultant must obtain a rationale for all new medication to ensure that medications are not used for mood stabilization or behavior issues. This includes re-admission following hospitalization.
 - iii. QIDP, Program Manager, or HSS/Nurse Consultant must send the Restrictive Procedure Request form to the Restrictive Procedures Committee Chair, either in person, by mail, email or by fax to gain approval for a procedure.
 - iv. For QIDP, Program Specialist, Program Manager, or Program Coordinator shall contact members of the Restrictive Procedures Committee to gain expedited phone approval for a procedure as necessary. Approval for a procedure requires approval from at least two members of the committee in addition to the Chairperson.
 - v. The approved Restrictive Procedure Request form shall be retained in the Individual's record until the next review by the Restrictive Procedures Committee.
 - vi. For ICF-ID:
 1. When psychotropic medications are prescribed, a range of appropriate dosage for that diagnosis must be given. When a physician increases that prescribed medication beyond the range given, then a new approval shall be obtained.
 2. New medications must be started when prescribed to be in compliance. Therefore, the QIDP, Program Manager or HSS/Nurse Consultant shall request the physician to order the medication to begin after approval obtained from the Restrictive Procedures Committee.

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N. Procedure for Restrictive Procedures Committee Meetings

- a. The committee shall meet quarterly (every 90 days) per regulations. The Chairperson shall schedule the meeting dates generally two years in advance.
- b. A month prior to the meeting, the Chairperson shall send a memo to committee members confirming meeting date, time and place.
- c. A month prior to the meeting, the Chairperson shall send a memo to Program Managers and/or QIDPs, informing them of the upcoming meeting and request they provide necessary information and reserve the time for the meeting, if they have restrictive procedures to request or review.
- d. Program Coordinators shall request that QIDPs and Program Managers send the following to them one week before the meeting date:
 - i. New or phone-approved Restrictive Procedure Request forms to be approved and/or signed.
 - ii. Summary of Individual's progress in past 90 days noting changes in behavior, contributing factors and any trends, with applicable data attached.
 - iii. New, addition to, or quarterly review of Mechanical Supports (ICF-ID only).
 - iv. Annual update of all an Individual's restrictive procedures on Restrictive Procedure Request form with attached data as applicable. This shall be completed annually, on or prior to month and day of the last request.
- e. Team Leaders shall send summaries, graphs, new requests and other pertinent information stated above to the Chairperson a week prior to the meeting
- f. The Chairperson shall prepare necessary copies for all committee members prior to the meeting and may provide them in advance of the meeting for their review.
- g. During the meeting, Team Leaders shall present requests or reviews to the committee according to the Chairperson's agenda.
- h. During the meeting, the committee shall sign new requests, reviews and monitor procedures from summaries, asks questions and express concerns as applicable. Concerns shall be resolved prior to committee approval and signatures, and the committee reserves the right to make additional recommendations on behalf of Individuals and Teams, including alternate less restrictive or non-restrictive interventions as appropriate.
- i. The committee shall strive to support the Individuals and Teams to progressively reduce and/or eliminate restrictive procedures.
- j. Committee secretary, a designated member, shall record minutes. He/she shall type and submit them to the Chairperson for review and distribution following each meeting.
- k. Team Leaders shall present any recommendations of the Restrictive Procedures Committee at the next Team meeting.

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O. Monitoring Process for Restrictive Procedures

- a. QIDP/Program Manager, Behavior Support Consultant, and Program Coordinator shall monitor all restrictive procedures as follows:
 - i. Weekly monitoring of all plans take place via review of case notes and behavior-related notes
 - ii. Monthly Review of the following, as applicable:
 1. Behavior tracking forms and graphs
 2. Behavior support monitoring meetings
 3. Team meetings, as applicable
 - iii. As necessary and applicable:
 1. Restraint Form –after every restraint
 2. Debriefing meetings – after every restraint
 3. Certified Investigation, per Incident Management guidelines
 4. Safety Technique Monitoring Form
 5. Incident Reports
 - iv. Restrictive plans shall be reviewed every six months by Restrictive Procedures Committee or sooner as revisions are made.
 - v. ICF-ID: Restrictive procedures are reviewed every 90 days, or sooner as revisions are made.

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P. Training and Use of Restrictive Procedures

- a. It is the philosophy of Friendship Community to avoid and eliminate the use of restraints and restrictive procedures. Extensive Team Member training shall be provided to assist Team Members in developing and using techniques and tools, particularly Positive Approaches, which shall support each Individual in a manner that does not involve restraints or restrictive procedures to the fullest extent possible.
- b. All Team Members and Leaders are trained during their orientation period about Friendship Community's Restrictive Procedure Policy, including acceptable procedures that must be followed for implementing restrictive procedures and/or restraints, including the reporting process in the event that a misuse of restrictive procedures occurs.
- c. Team Members shall be trained at least annually on the safe use of non-harmful techniques to use if a behavioral crisis arises.
- d. All employees trained in Personal Emergency Restraints shall also experience being restrained as a part of this training.
- e. A Physical restraint that is part of an Individual's program plan/Behavior Support Plan shall be used in order to lead to less restrictive means of managing and eliminating the behavior for which the restraint is applied.
- f. If a restraint procedure is used, there shall be at least one Team Member available who has completed training within the calendar year, in the use of and ethical risks of using restraints, including the use of alternate positive approaches.
- g. A Team Member responsible for developing, implementing or managing a restrictive procedure plan that includes restraints shall be trained in the use of the specific techniques.
- h. Documentation of training provided shall be retained in training files.

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Q. Maintaining Documents about Restrictive Procedure Usage

- a. A record of each use of a restrictive procedure used shall be kept that documents the following details:
 - i. The specific behavior addressed
 - ii. Method of interventions used to address the behavior
 - iii. Less restrictive methods used
 - iv. Date and times restrictive procedure is to be used or was used
 - v. The specific procedure to follow or was followed
 - vi. The Team Member who is to use the procedure or who used it
 - vii. The duration of time the procedure can be used or was used
 - viii. The Team Members who are present at time of use
 - ix. The condition (physical and emotional) of the Individual before and after use of the procedure, including medical assessments as applicable.

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R. Sharing and Dissemination of Restrictive Plans

- a. Information that is needed by outside providers (other than Friendship Community) that provide services to the Individuals and would benefit from knowing about any restrictive procedure used with an Individual shall be provided this information only after consent has been given by the Individual or Individual's guardian. Consent Forms shall be signed with permission granted to share this information with the particular outside provider.
- b. The Individual's day program shall be sent copies of the annual plans that shall aid in providing quality and safe services to the Individual. Information and behavioral data from day service program shall also be shared with the residential program.
- c. Individuals and family members are provided copies of quarterly reports and the annual plans.
- d. Secured emails shall be used for dissemination via email to any party outside Friendship Community unless otherwise requested via formal documentation by the Individual or his/her guardian.