

Emergency Use of Manual Restraint

I. PURPOSE

The purpose of this policy is to promote service recipient rights and protect the health and safety of persons served during the emergency use of manual restraint. This policy will also promote appropriate and safe interventions needed when addressing behavioural situations.

II. POLICY

It is the policy of Intercommunity Home Health Care to ensure the correct use of emergency use of manual restraint, to provide intense training and monitoring of direct support staff, and to ensure regulations regarding the emergency use of manual restraint are followed. According to MN Statutes, section 245D.02, subdivision 8a, emergency use of manual restraint is defined as “using a manual restraint when a person poses an imminent risk of physical harm to self or others and 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 does not constitute an emergency.”

Intercommunity Home Health Care and its staff are prohibited from using chemical restraints, mechanical restraints, manual restraints, time out, seclusion, or any other aversive or deprivation procedures as a substitute for adequate staffing, for a behavioural or therapeutic program to reduce or eliminate behaviour, as punishment, or for staff convenience.

III. PROCEDURE

Positive support strategies

- A. Intercommunity Home Health Care will attempt to de-escalate a person’s behaviour before it poses an imminent risk of physical harm to self or others. Some of the following procedures could be used to de-escalate the situation and are options that could be implemented by staff. This is not a fully inclusive list of options that could include:
1. A calm discussion between the person served and direct support staff regarding the situation, the person’s feelings, their responses, and alternative methods to handling the situation, etc.



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2. A staff suggesting or recommending that the person participate in an activity they enjoy as a means to self-calm.
 3. A staff to suggest or remind that the person served has options that they may choose to spend time alone, when safety permits, as a means to self-calm.
 4. Reinforce appropriate behavior
 5. The individualized strategies that have been written into the person's Coordinated Service and Support Plan(CSSP) and/or Coordinated Service and Support Plan Addendum (CSSP Addendum), or Positive Support Transition Plan (former Rule 40).
 6. The implementation of instructional techniques and intervention procedures that are listed as "permitted actions and procedures" as defined in Letter B of this Positive support strategies section.
 7. A combination of any of the above.
- B. Permitted actions and procedures include the use of instructional techniques and intervention procedures used on an intermittent or continuous basis. If used on a continuous basis, it must be addressed in the person's Coordinated Service and Support Plan Addendum (CSSP Addendum). These actions include:
1. Physical contact or instructional techniques that are the least restrictive alternative possible to meet the needs of the person and may be used to:
 - a. Calm or comfort a person by holding that person with no resistance from that person.
 - b. Protect a person known to be at risk or injury due to frequent falls as a result of a medical condition.
 - c. 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 or duration.
 - d. Briefly 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.
 2. Restraint may be used as an intervention procedure to:
 - a. 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 necessary to promote healing or recovery from an acute (short-term) medical condition.
 - b. 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. This use of manual restraint allowed here must comply with the restrictions stated in the section of this policy Emergency use of manual restraint, Letter B. c. Position a person



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with physical disabilities in a manner specified in their Coordinated Service and Support Plan Addendum.

3. Use of adaptive aids or equipment, orthotic devices, or other medical equipment ordered by a licensed health professional to treat a diagnosed medical condition do not in and of themselves constitute the use of mechanical restraint.

Positive Support Transition Plans

Intercommunity Home Health Care must and will develop a Positive Support Transition Plan on forms provided by the Department of Human Services and in the manner directed for a person served who requires intervention in order to maintain safety when it is known that the person's behavior poses an immediate risk of physical harm to self or others. This Positive Support Transition Plan will phase out any existing plans for the emergency use or programmatic use of aversive or restrictive interventions prohibited under MN Statutes, chapter 245D.

Emergency use of manual restraint

- A. If the positive support strategies were not effective in de-escalating or eliminating the person's behavior, emergency use of manual restraint may be necessary. To use emergency use of manual restraint, the following conditions must be met:
1. Immediate intervention must be needed to protect the person or others from imminent risk of physical harm.
 2. The type of manual restraint used must be the least restrictive intervention to eliminate the immediate risk of harm and effectively achieve safety.
 3. The manual restraint must end when the threat of harm ends
- B. The following conditions, on their own, are not conditions for emergency use of manual restraint:
1. The person is engaging in property destruction that does not cause imminent risk of physical harm.
 2. The person is engaging in verbal aggression with staff or others.
 3. A person's refusal to receive or participate in treatment of programming.
- C. Emergency use of manual restraint procedures must not:
1. Be implemented with a child in a manner that constitutes sexual abuse, neglect, physical abuse, or mental injury as defined in MN Statutes, section 626.556, subdivision 2.



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2. Be implemented with an adult in a manner that constitutes abuse or neglect as defined in MN Statutes, section 626.5572, subdivisions 2 and 17.
 3. Be implemented in a manner that violates a person's rights and protections identified in MN Statutes, section 245D.04.
 4. 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, or to any protection required by state licensing standards and federal regulations governing the program.
 5. Deny the person visitation or ordinary contact with legal counsel, a legal representative, or next of kin.
 6. 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 of services provided by Intercommunity Home Health Care.
 7. Use prone restraint (that places a person in a face-down position).
 8. Apply back or chest pressure while a person is in the prone or supine (face-up) position
- D. Intercommunity Home Health Care allows certain types of manual restraints which may be used by staff on an emergency basis. Detailed instructions on the safe and correct implementation of these allowed manual restraint procedures are included at the end of this policy. These allowed manual restraints include the following (See IV in this policy):
1. Physical escort/walking Stage 1 and stage 2
 2. Arm restraint/one staff person standing: 1 arm and 2 arm
 3. Arm restraint/one staff person sitting: 1 arm and 2 arm
- E. If a person's licensed health care professional or mental health professional has determined that a manual restraint would be medically or psychologically contraindicated, Intercommunity Home Health Care will not use a manual restraint to eliminate the immediate risk of harm and effectively achieve safety. This statement of whether or not a manual restraint would be medically or psychologically contraindicated will be completed as part of service initiation planning.

Monitoring of emergency use of manual restraint



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- A. Each single incident of emergency use of manual restraint must be monitored and reported separately. For this understanding, an incident of emergency use of manual restraint is a single incident when the following conditions have been met:
 - 1. 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.
 - 2. Upon the attempt to release the restraint, the person's behavior immediately re-escalates and staff must immediately re-implement the restraint in order to maintain safety.
- B. During an emergency use of manual restraint, Intercommunity Home Health Care will monitor a person's health and safety. Staff monitoring the manual restraint procedure will not be the staff implementing the procedure, when possible. A monitoring form will be completed by the staff person for each incident of emergency use of manual restraint to ensure:
 - 1. Only manual restraints allowed according to this policy are implemented.
 - 2. Manual restraints that have been determined to be contraindicated for a person are not implemented with that person.
 - 3. Allowed manual restraints are implemented only by staff trained in their use.
 - 4. The restraint is being implemented properly as required.
 - 5. 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.

Reporting of emergency use of manual restraint

- A. Reporting of the incident of emergency use of manual restraint will be completed according to the following process and will contain all required information per MN Statutes, sections 245D.06, subdivision 1 and 245D.061, subdivision 5
- B. Within 24 hours of the emergency use of manual restraint, Intercommunity Home Health Care will make a verbal report regarding the incident to the legal representative or designated emergency contact and case manager. If other persons served were involved in the incident, Intercommunity Home Health Care will not disclose any personally identifiable information about any other person when making the report unless Intercommunity Home



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- C. Within three (3) calendar days of the emergency use of manual restraint, the staff who implemented the emergency use of manual restraint will report, in writing, to the Designated Coordinator and/or Designated Manager/Regional Director the following information:
1. The staff and person(s) served who were involved in the incident leading up to the emergency use of manual restraint.
 2. A description of the physical and social environment, including who was present before and during the incident leading up to the emergency use of manual restraint.
 3. A description of what less restrictive alternative measures were attempted to de-escalate the incident and maintain safety before the manual restraint was implemented. This description must identify the when, how, and how long the alternative measures were attempted before the manual restraint was implemented.
 4. A description of the mental, physical, and emotional condition of the person who was

restrained, and other persons involved in the incident leading up to, during, and following the manual restraint.

5. Whether there was any injury to the person who was restrained or other persons involved, including staff, before or as a result of the manual restraint use.
 6. 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. The outcome of the debriefing will be clearly documented and if the debriefing could not occur at the time of the incident, the report will identify whether a debriefing is planned in the future
- D. Within five (5) working days of the emergency use of manual restraint, staff will complete and document an internal review of each report of emergency use of manual restraint. The internal review will include an evaluation of whether:
1. The person's served service and support strategies developed according to MN Statutes, sections 245D.07 and 245D.071 need to be revised.
 2. Related policies and procedures were followed.
 3. The policies and procedures were adequate.
 4. There is a need for additional staff



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training.

5. The reported event is similar to past events with the persons, staff, or the services involved.
 6. There is a need for corrective action by Intercommunity Home Health Care to protect the health and safety of the person(s) served
- E. Based upon the results of the internal review, Intercommunity Home Health Care will develop, document, and implement a corrective action plan for the program designed to correct current lapses and prevent future lapses in performance by the individuals or Intercommunity Home Health Care, if any. The Senior Director will ensure that the corrective action plan, if any, must be implemented within 30 days of the internal review being completed.
- F. Within five (5) working days after the completion of the internal review, the Designated Coordinator and/or Designated Manager/Regional Director will consult with the person's expanded support team following the emergency use of manual restraint. The purpose of this consultation is to:
1. Discuss the incident and to define the antecedent or event that gave rise to the behavior resulting in the manual restraint and identify the perceived function the behavior served.
 2. Determine whether the person's served Coordinated Service and Support Plan Addendum needs to be revised to positively and effectively help the person maintain stability and to reduce or eliminate future occurrences requiring emergency use of manual restraint
- G. Within five (5) working dates of the expanded support team review, the Designated Coordinator and/or Designated Manager/Regional Director will submit, using the DHS online Behavioral Intervention Reporting Form (DHS-5148-ENG-1), the following information to the Department of Human Services and the Office of the Ombudsman for Mental Health and Developmental Disabilities:
1. The report of the emergency use of manual restraint.
 2. The internal review and corrective action plan, if any.
 3. The written summary of the expanded support team's discussion and decision.
- H. The following written information will be maintained in the person's record:
1. The report of an emergency use of manual restraint incident that includes:
 - a. Reporting requirements by the staff who implemented the restraint



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- b. The internal review of emergency use of manual restraint and the corrective action plan, with information about implementation of correction within 30 days, if any
 - c. The written summary of the expanded support team's discussion and decision
 - d. The notifications to the expanded support team, the Department of Human Services, and the MN Office of the Ombudsman for Mental Health and Developmental Disabilities
2. The DHS's "commissioner approved" monitoring form.
 3. The PDF version of the completed and submitted DHS online Behavioral Intervention Reporting Form (DHS-5148-ENG-1). An email of this PDF version of the Behavioral Intervention Reporting Form will be sent to the MN-ITS mailbox assigned to the license holder.

Staff training requirements

- A. Intercommunity Home Health Care recognizes the importance of having qualified and knowledgeable staff that are competently trained to uphold the rights of persons served and to protect persons' health and safety. All staff will receive orientation and annual training according to MN Statutes, section 245D.09, subdivisions 4 and 5. Orientation training will occur within the first 60 days of hire and annual training will occur within a period of 12 months.
- B. Prior to having unsupervised direct contact with a person served by Intercommunity Home Health Care or for whom the staff has not previously provided support, or any time the plans or procedures are revised as they relate to the staff person's job functions for the persons served, the staff person must review and receive instruction on:
 1. What constitutes use of restraints, time out, and seclusion including chemical restraints.
 2. Staff responsibilities related to the prohibitions of their use according to this policy and MN Statutes, section 245D.06, subdivision 5.
 3. Why such procedures are not effective for reducing or eliminating symptoms or undesired behavior and why they are not safe.
 4. The safe and correct use of the allowed manual restraints on an emergency basis according to Intercommunity Home Health Care policy and MN Statutes, section 245D.061.
- C. Before staff may implement an emergency use of manual restraint, and in addition to the training on this policy and procedure and the orientation and annual training requirements, staff must receive training on emergency use of manual restraints that incorporates the following topics:



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1. 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.
2. De-escalation methods, positive support strategies, and how to avoid power struggles.
3. Simulated experiences of administering and receiving manual restraint procedures allowed by Intercommunity Home Health Care on an emergency basis.
4. How to properly identify thresholds for implementing and ceasing restrictive procedures.
5. How to recognize, monitor, and respond to the person's physical signs of distress including positional asphyxia.
6. The physiological and psychological impact on the person and the staff when restrictive procedures are used.
7. The communicative intent of behaviors.
8. Relationship building.

- D. Documentation of all orientation and annual staff training along with demonstrated competencies will be maintained in each staff's personnel file.

DETAILED INSTRUCTIONS ON ALLOWED MANUAL RESTRAINT PROCEDURES

If an emergency use of manual restraint is needed, staff will attempt to verbally calm the person down throughout the implemented procedure(s), unless to do so would escalate the person's behavior. The least restrictive manual restraint will be used to effectively handle the situation.

Physical escort/walking

If a person served has escalating behaviors and it is necessary to move the person, staff may follow stages 1 and 2 of physical escort/walking.

Stage 1: A staff person will walk by the side of the person while remaining slightly behind the person. Staff will place their hand that is closest to the person, on the person's forearm, just below the elbow while applying firm, but gentle pressure. While walking with the person, staff will remain near to the person so that the placement of the hand on the person's forearm is effective.



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Stage 2: If stage 1 is not effective, staff may use both of their hands to move the person while walking. Staff will move their hand currently on the person's forearm to the person's small of their back and apply firm, but gentle pressure. Staff's other arm, that is farthest away from the person, will reach across and be placed on the person's forearm, below the elbow, on their forearm, while applying firm, but gentle pressure. In this position, staff will remain near to the person while walking with them to another area.

Arm restraint/one staff person standing

If a person served has escalating behaviors that can be managed through the use of a one arm restraint, staff will attempt to do so prior to using the two arm restraint. A standing restraint will be attempted first; however, if the person needs to sit, staff may use the arm restraint/one staff person sitting procedure.

Arm restraint/one staff person standing – 1 arm: Staff may use physical escort/walking, stage 2 to move into the 1 arm restraint/staff person standing or it may be used separately. Staff will direct one arm of the person served forward to cross in front of the person's body by applying slight pressure above or below their elbow. The same side arm will be used by staff and the person (i.e. staff's right arm will direct the right arm of the person forward). With their other arm, farthest away from the person, staff will lightly grip the person's crossed arm, slightly above the wrist, holding the arm in a crossed position. Staff will then slide their free arm between the person's arm and their waist, to grip the person's forearm. Staff will ensure that their palms are facing down.

Arm restraint/one staff person standing – 2 arm: Staff will direct one arm of the person served forward to cross in front of the person's body by applying slight pressure above or below their elbow. The same side arm will be used by staff and the person (i.e. staff's right arm will direct the right arm of the person forward). With their other arm, farthest away from the person, staff will lightly grip the person's crossed arm, slightly above the wrist, holding the arm in a crossed position. Staff will then slide their free arm between the person's arm and their waist, to grip the person's forearm. Staff will ensure that their palms are facing down. If the person continued to escalate in behaviors and it is necessary to restrain both of the person's arms, staff will release their arm that is gripping the person's arm above the wrist. Staff will quickly bring their arm up and around to "pin" the person's free arm against their side. Staff will then re-grip the arm above the wrist that is crossed in front of the person so that one arm is crossed in front of the person and the other pressed against the person's side.



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Arm restraint/one staff person sitting – 1 arm and 2 arm: Using the procedures as stated above in the arm restraint/one staff person standing – 1 arm and 2 arm, staff may transition from a standing to a sitting position if necessary. While restraining the person's arm(s), staff will verbally notify the person of what they are doing and will slowly back up and lower the person to the floor. Staff may be in a sitting or kneeling position behind the person. Should the person attempt to hit staff with their head or aggressively rock back and forth, staff will pull slightly back while maintaining their restraint. If possible, staff will brace their shoulder against the person's shoulder or duck their head to avoid being hit.

Legal Authority: MS §§ 245D.06, subd. 5 to subd, 8; 245D.061

Acknowledgement of Receipt

As the Client, I have reviewed the above policy in the Manual. I understand that Intercommunity Home Health Care requires that I be trained on the rights of consumers and duties of workers related to the use and disclosure of protected health information. I agree to comply with all policies and procedures. I understand that severe civil and criminal penalties (up to ten years imprisonment and a \$250,000 fine) may be imposed for violation of these regulations.

Client Signature:

Date:

Representative Signature:

Date: