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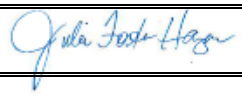
| **OFFICE FOR CITIZENS WITH DEVELOPMENTAL DISABILITIES** | **POLICY #: 701** |
| **SUBJECT: Restraint Use in HCBS Services** | **DEVELOPED BY: OCDD Waiver Division** |
| **ADOPTED: 03/06/03 rescinded 7/16/18** | **REVISED: 9/15/2022** |
| **APPROVED:**  | |

# POLICY ON RESTRAINT USE IN HOME AND COMMUNITY BASED SERVICES

## I. POLICY STATEMENT

It is the policy of the Office for Citizens with Developmental Disabilities (OCDD) to allow the use of restraints **only when necessary** to protect an individual or others from injury and at the direction of a treating professional who has considered all other less intrusive options to protect the individual/others.

- Restraints may only be used in response to a situation that represents an **imminent and grave risk** of injury to self or others and only when necessary as a health-related protection.
- The use of restraints that limit mobility or access is strongly discouraged and limited to use as a last resort when other methods have been determined to be ineffective in assuring health and safety.
- The use and type of restraints must be the least restrictive and intrusive to the person's dignity, liberty and autonomy that are effective in preventing injury.
- Restraints can only be used under written orders and supervision of a licensed treating clinician.
- Restraints that may be applied and monitored by provider staff **are limited to the use of** helmets, mittens, splints, bed rails or other equipment for the purposes of healing or protection from injury. All other medical restraints (i.e., use of a papoose board to complete a medical procedure) must be initiated by a physician or dentist (or their staff) in the physician/dentist's office/hospital under the supervision of the physician/dentist. No other forms of restraint, personal or mechanical, may be used in waiver services unless considered and approved under the requirements of section V.C. of this policy.
- Chemical restraints are prohibited in waiver services. All psychotropic medication must be prescribed by a treating licensed clinician to address a diagnosed behavioral health condition or specific target behaviors consistent with standard practice.

The following practices are prohibited:

- Restraints may not be used in lieu of appropriate treatment and/or behavioral supports, as coercion, discipline, punishment or for the convenience of or retaliation by staff.
- The use of prone containment (face down), horizontal physical holds, and multi-point mechanical devices to prohibit mobility **are strictly prohibited** within Waiver Supports and Services (WSS) settings.
- Restraints may not be used as part of a behavior support plan as a contingent consequence to effect a behavior change.
- The use of exclusionary time-out is strictly prohibited within WSS settings.
- The use of seclusion is strictly prohibited within WSS settings.

## II. REFERENCES

None

## III. DEFINITIONS/ACRONYMS

*Behavior Support Procedures (BSP)*—Behavior Support Procedures are formal behavioral interventions or teaching techniques developed by a licensed psychologist or licensed behavior analyst in conjunction with an interdisciplinary team.

*Chemical restraints*—Chemical restraints are those that involve the use of any medication to non-selectively suppress an individual's behavior. This includes: (1) the use of medications to achieve a general suppression of behavior via sedation, in response to an individual's behavior; (2) the long-term use of medications for managing behavior without evidence of effectiveness; and (3) the use of medications that lack research support to treat a diagnosed behavioral health condition or specific behaviors.

Chemical restraints *do not* include:

(1) medications prescribed in accordance with standard medical practice for the treatment of a medical condition or for the conduct of a medical test (Note: standard medical practice refers to procedures commonly employed with people in the greater community and does not include separate standards or protocols devised for individuals with developmental disabilities);

(2) psychotropic medications to selectively treat a diagnosed behavioral health condition or specific behaviors for which research supports their use;

(3) the use of medications supported by pharmacological /biochemical hypotheses based on published empirical or theoretical research;

(4) the use of "minimal sedation/anxiolysis" (see definition in this policy); and

(5) medications typically classified as psychotropic prescribed to treat conditions other than mental disorders (e.g., diazepam for spasticity or haloperidol to treat Huntington's Chorea). *

OCDD procedures do not specifically govern chemical restraints or medication-prescribing practices within the waiver setting as the practitioners who prescribe said medications must adhere to their own ethical standards and the policies outlined by Medicaid and the Health Plans with which they contract.

*Exclusionary Time-out*—Exclusionary time-out is a restricted programmatic procedure involving the contingent use of an enclosed area (i.e. a time-out room) following a challenging behavior. Exclusionary time-out is **not a restraint** technique. Exclusionary Time-out is prohibited in Waiver Supports and Services settings.

* For a more comprehensive discussion of chemical restraints, see "Psychotropic Medications" in the State of Louisiana's *Guidelines for Behavioral Support: A Person Centered Approach.* Also, refer to *Psychotropic Medications and Developmental Disabilities: The International Consensus Handbook*.

*Individualized Support Plan (ISP)*—An individualized plan that coordinates supports and services to assist the person in reaching their desired outcomes and reflects the person's vision, personal preferences, life goals, and diverse formal and informal support needs. The person and their support team develop the plan. [Also known as Comprehensive Plan of Care – CPOC]

*Individual Support Team (IST)*—The individual support team is the person's circle of support and assists in developing the ISP.

*Informed Consent*—Informed consent is consent given after the presentation of information to an individual or their legal guardian relevant to the individual's services and their consent for implementation of the plan. At minimum, the information presented shall include the essential components necessary for understanding the potential risks and benefits of the plan. Also, the individual or legal guardian shall be informed of the right to withhold or withdraw consent at any time. When presenting information for consent, it shall be presented in a manner that: (1) maximizes the individual's or legal guardian's understanding of the information provided; and (2) ensures that the individual or legal guardian is responding voluntarily.

*Mechanical Restraints*—Mechanical restraints involve the application of any physical equipment or device to the body of an individual for the purpose of restricting or suppressing the individual's movement and/or preventing normal movement of the body or access to certain parts of one's own body. Mechanical restraints include, but are not limited to splints, bed rails, bite blocks, helmets (with or without a facemask), mittens, multi-point restraints, papoose boards, Posey restraints, Posey device/ankle cuffs, Posey device/wrist cuffs, soft stockinettes, ties, belts, straps, and wheelchairs with seatbelts or ties. **The use of helmets, mittens, splints, and bed rails will be considered on an individual basis for either behavioral or medical needs. All other forms of mechanical restraints <u>are prohibited</u> in Waiver Supports and Services settings.**

*Minimal Sedation/Anxiolysis*—The term "minimal sedation/anxiolysis" refers to a drug induced state during which patients respond normally to verbal commands. Although cognitive function and coordination may be impaired, ventilatory and cardiovascular functions are unaffected.

*OCDD*—Office for Citizens with Developmental Disabilities.

*Orthopedic Appliances*—Orthopedic appliances include any mechanical device designed to improve mobility, to increase postural support or to minimize a physical disability; they are **not** considered Restraints. They must be recommended by a licensed occupational or physical therapist and prescribed by a physician. The individual's need for an appliance and logistics concerning where, when, what and how an appliance is to be utilized shall be clearly documented.

*Participant*—person that participates or takes part in OCDD Services by applying for services, recertifying for services, renewing services, and/or updating demographic information.

*Personal Restraints*—Personal restraints involves the application of body pressure to an individual for the purpose of restricting or suppressing the person's movement (i.e., physical hold). This does not include approved techniques such as physical guidance, redirection, physical blocking techniques, and escorts involving brief holds of less than 30 seconds in which no aggressive resistance is observed. Transports are not considered restraints unless the person verbally refuses or aggressively resists the transport. Personal restraints cannot be used in waiver services unless they are considered and submitted under Section V.C. of this policy.

*Restraints*—Restraints are the direct application of a physical hold (personal restraints), mechanical device (mechanical restraints), and/or medication (chemical restraints) for the purpose of restricting or suppressing an individual's movement or preventing an individual access to their body.

The following is a partial list of actions that are sometimes confused with restraints, but **are not** restraints:

- the use of orthopedic appliances or medical procedures in accordance with standard medical practices in the community;
- approved techniques such as physical guidance, redirection, physical blocking techniques, and escorts involving brief holds of less than 30 seconds in which no aggressive resistance is observed;
- transports (physically moving an individual from one place to another) whereby no aggressive resistance is observed and/or the individual does not verbally or nonverbally (e.g., gestures, pulling away, vocalizing dislike when touched) refuse the transport;
- typical activities that are momentary in nature that one would do in a moment of imminent risk for any individual such as blocking someone from entering a street when a vehicle the individual does not see is near and the individual would otherwise come to significant harm and
- legally required "restraints" such as seat belts or wheelchair tie-downs during the operation of a vehicle or in performance of a dangerous activity that apply to all individuals engaging in that activity or performing that function.

*Seclusion*—Seclusion is the involuntary confinement of an individual in a locked room and is prohibited.

## IV. PURPOSE AND SCOPE

The purpose of this policy is to establish standards for the safe and appropriate application of restraints and for the development of plans for reducing and/or eliminating the need for restraints through effective prevention and treatment services. These standards:

- affirm the rights of individuals served by the OCDD;
- establish limitations on the use of Restraints**;**
- prohibit the use of seclusion; and
- establish procedures for the documentation and oversight of the use of restraints.

The OCDD is committed to offering quality services that promote each individual's opportunity for personal growth and freedom. Inherent to this mission are systems that encourage personal choices, uphold individual rights, and promote personal safety. Restraints should only be implemented within the context of stringent limitations designed to protect the individual's rights and safety. Well-constructed supports shall also be developed to promote long-term solutions.

## V. RESPONSIBILITIES AND GENERAL PROCEDURES

### A. Procedures for Implementing Restraints

The purpose of any policy on restraints is to protect the person's dignity and rights, and to ensure safety to the degree possible. The following outlines the minimum components that each agency MUST assure are in place prior to staff participating in application of restraints for an individual.

1. Restraints may only be applied in accordance with an order by the individual's licensed treating clinician following an assessment that outlines the risks that will occur if the restraint is not used, and considers any need for additional consultation with other professionals.
2. Restraints may only be applied with informed consent of the individual/guardian.
3. The licensed treating clinician must outline the following guidance for the family/staff and this MUST be included in the individual's ISP/Comprehensive Plan of Care (CPOC) with supporting documentation from the licensed treating clinician attached and maintained in the file:
    a. Strategies aimed at decreasing use of the restraints,
    b. Instructions on when to use the restraint,
    c. Instructions on how to apply the restraint,
    d. Signs/symptoms or concerns that must be monitored related to the restraints to include when the licensed treating clinician MUST be contacted,
    e. Length of time any restraint may be applied and the time/scope of an episode of restraint use.
4. The licensed treating clinician MUST provide all necessary training for the use/application of restraints.
5. The agency MUST bring data and progress notes related to use of restraints to the licensed treating clinician.
6. The licensed treating clinician MUST review use of restraints at each visit and document continued need and review of strategies to decrease use.

### B. Documenting and Reporting

**1.** For each episode of restraints, the OCDD critical incident reporting procedures must be followed (OI-F5). An episode of use of restraints should be defined with the licensed treating clinician and contained in the individual's ISP/CPOC.

2. Any additional documentation outlined by the licensed treating clinician.

### C. Consideration of Optional Protective Supports

This policy is not expected to cover every possible situation in which protective supports may be used in WSS. As medical and behavioral supports improve in community settings,

there may also be situations where restraints are required more frequently (e.g., small home focused on acute psychiatric services). If a provider can demonstrate that temporary strategies involving restraints, other than those described in this policy, do the following, the WSS may provide approval for the procedures:

1. Demonstrate how implementation is safer for the person;
2. Demonstrate how implementation protects a person's dignity and rights;
3. Demonstrate that the program, overall, will expedite community living for the person/people served and that protective supports utilized are integral;
4. Demonstrate that the appropriate clinical staff are involved in the program and its oversight;
5. Demonstrate use of evidenced based approaches to treatment/support [through documentation from the treating clinician];
6. Provide proposed policies and procedures to oversee use, collect and analyze data, provide appropriate staff training, provide appropriate observation and documentation, and assure due process for the individual;
7. No policy will be accepted that incorporates seclusion, painful stimuli, physical punishments, or coercion.

## VI. APPENDICES/ATTACHMENTS

None