

POLICY: USE OF RESTRICTIVE INTERVENTIONS, INCLUDING RESTRAINT

POLICY STATEMENT: It is the policy of the Bureau of Developmental Disabilities Services (BDDS) and Bureau of Quality Improvement Services (BQIS) that behavioral support plans containing restrictive interventions are the least desirable approach to supporting individuals receiving waiver funded services, and that restrictive interventions will be used only with those individuals presenting challenging/dangerous behaviors for which non restrictive behavioral support plans have been attempted and documented as ineffective.

DETAILED POLICY STATEMENT:

Incorporating Restrictive Interventions into Behavior Support Plans

1. When data from a Behavioral Support Plan (BSP) focused on positive supports, in conjunction with feedback from the Individualized Support Team (IST), confirms danger to the individual or others due to the individual's challenging/dangerous behavior, and after the IST has concurred and documented that no other reasonable or feasible alternatives are available, a BSP with restrictive interventions may be developed by the individual's behavioral support services provider.
2. A BSP containing restrictive interventions shall be developed with the understanding that the restrictive interventions should be temporary and should be eliminated as quickly as possible, with the exception of medications used to ensure the health and safety of an individual, reviewed annually at a minimum.
3. A BSP containing a restrictive intervention shall include, prior to implementation:
 - a. identifying information for the individual;
 - b. operational definition for alternate or replacement behaviors to be increased or taught;
 - c. alternate or replacement behavior objectives;
 - d. data collection instruction for alternate or replacement behaviors to be increased or taught;
 - e. operational definition for targeted behaviors to be decreased;
 - f. data collection instructions for targeted behaviors to be decreased;
 - g. pro-active or preventative strategies;
 - h. re-active or de-escalation strategies;
 - i. for psychotropic medications, the:
 - i. listing of psychotropic medications prescribed;
 - ii. diagnosis for which each psychotropic medication is prescribed;
 - iii. physician prescribing psychotropic medications;

- iv. side effects of each psychotropic medication;
 - v. list of behavioral and other data and information the IST will provide to the prescribing physician, and the frequency at which it will be provided;
 - vi. psychotropic medication management plan by the prescribing physician that incorporates the data and information from the IST and addresses the starting, stopping, and adjusting of the psychotropic medication;
 - vii. for PRN psychotropic medications:
 - i. the steps to be taken prior to administration and during the administration of a PRN psychotropic medication;
 - ii. the mandate for an IST meeting as soon as possible, but no later than three (3) business days following each usage of a PRN psychotropic medication;
 - iii. the mandate to file an incident report with the Bureau of Quality Improvement Services (BQIS) following every usage of a PRN psychotropic medication;
 - j. risk versus benefits analysis for restrictive interventions;
 - k. IST signature page, including signatures:
 - a. identifying the author of the BSP;
 - b. of the individual, or if indicated, the individual's legal representative, following a statement confirming informed consent for the BSP;
 - c. of the Human Rights Committee (HRC) Chairperson, following a statement confirming HRC review and approval of the BSP.
4. The behavioral support services provider shall monitor the BSP, and with the cooperation of the IST adjust and readjust the individual's environment and BSP as necessary in attempts to minimize the unwanted behavior and decrease the use of the restrictive intervention.
 5. All efforts at behavioral and environmental interventions shall be assessed by the behavioral support services provider on a regular basis, with at minimum quarterly reports to the IST of progress that include graphs of both targeted behavior and replacement behavior.
 6. A BSP is a component of the individual's ISP.
 7. All providers working with an individual shall implement the individual's BSP/s.

Staff Training Required

1. The individual's behavioral support services provider shall provide competency based training on an individual's BSPs to each of the individual's service provider's supervisory staff.
2. Each service provider's supervisory staff trained on an individual's BSP by the behavioral support services provider shall provide competence based training to direct support professional staff on implementation of the BSP.
3. Each service provider shall ensure that staff receives competency based training as described in "1" and "2" above, prior to working with the individual.

Interventions Determined as Restrictive

1. Examples of restrictive interventions include but are not limited to:
 - a. restraint, including:
 - i. chemical restraint;
 - ii. manual restraint;
 - iii. mechanical restraint;
 - b. alarms added to an individual's natural environment including doors, windows, refrigerators, cabinets, and other home appliances and fixtures;
 - c. exclusionary time out;
 - d. intensive staffing for control of behavior;
 - e. limited access or contingency access to preferred items or activities naturally available in the individual's environment;
 - f. reprimand;
 - g. response cost; and
 - h. use of psychotropic medications to control the occurrence of an unwanted behavior.

Use of Restrictive Interventions in a Behavioral Emergency

1. A provider shall have a written policy describing the process to be used for a behavioral emergency that addresses:
 - a. identification of specific, defined emergency interventions to be used for behavioral emergencies;
 - b. identification of any appropriately trained staff that is authorized to select and initiate an emergency intervention;
 - c. training needed for staff prior to implementing emergency interventions;
 - d. directions for documenting:
 - i. a description of the behavioral emergency;
 - ii. a description of the emergency intervention implemented;
 - iii. the person/s implementing the emergency intervention;
 - iv. the duration of the emergency intervention;
 - v. the individual's response to the emergency intervention;
 - e. a mandate for the provider to convene an IST meeting as soon as is possible, but not later than three (3) business days, following the behavioral emergency to discuss the behavioral emergency, the emergency intervention used, and the supports needed to minimize future behavioral emergencies;
 - f. a mandate that provider staff receive training on the written policy describing the process to be used for a behavioral emergency, prior to working with individuals.
2. A restrictive intervention may be used in an behavioral emergency without being planned when all of the following are present:
 - a. an unanticipated behavioral emergency exists;
 - b. an individual's behavior poses an imminent threat of harm to self or others;

- c. there is no approved BSP for the individual that addresses the behavioral emergency, or there is an approved plan but it has been found to be ineffective and a more restrictive intervention is indicated based upon the individual's behavioral emergency.
 - d. the intervention chosen is determined to be the least restrictive measure required to quell the unanticipated behavioral emergency.
 3. Following a behavioral emergency and the use of a restrictive intervention, the provider shall convene an IST meeting as soon as is possible but no later than two (2) business days from the use of the restrictive intervention, to plan supports to minimize any future necessity for emergency response, including but not limited to:
 - a. assessments or reassessments as may be indicated, based upon any changes in the individual's health or behavioral status;
 - b. environmental adjustments, as may be indicated;
 - c. the addition of a Behavioral Support Services provider to the IST, if indicated;
 - d. the development of, or revision of a BSP for the individual, as may be indicated;
 4. Supports necessary to minimize future emergency actions as agreed upon during the IST meeting and documented by the individual's case manager, shall be implemented by the individual's providers as soon as is possible, but no later than 30 days from the date of the IST meeting.

Use of Restraints

Use of restraint is a restrictive intervention that shall be used only as a last resort safety measure when a threat to the health and safety of the individual or others exists and has not been mitigated using less restrictive procedures.

1. Mandatory Components of a BSP that Includes Restraint:
 - a. A BSP that includes restraint shall contain, in addition to all components required for a restrictive intervention listed previously in this policy, the following:
 - i. a directive for release from restraint when the individual no longer presents a risk of harm to self or others;
 - ii. measures to be initiated in the event of injury from restraint;
 - iii. documentation of the person/s executing the restraint;
 - iv. documentation of the times and duration of restraint and the times and duration of any attempted release from restraint;
 - v. documentation of the individual's response to each restraint usage; and
 - vi. a directive to file an incident report with BQIS following each restraint usage;

Medical Restraints for Procedures

1. Medical restraints for procedures may be used only when necessary to accomplish a specific medical diagnostic or therapeutic procedure as ordered by a physician or a dentist.
2. Medical procedure restraints must:
 - a. be used only after documentation of an assessment of the efficacy of alternative positive supportive strategies to facilitate the medical procedure;
 - b. be of minimum duration to accomplish the procedure; and

- c. be used only with a physician/dentist order;
3. Medical restraints for procedures do not require the filing of an incident report.

Medical Restraints for Health-Related Conditions

1. Medical restraints for health-related conditions may be used to allow healing of an injury, post surgical wound, ulcers, infections or similar medical conditions.
2. Medical restraints for health-related conditions:
 - a. must be ordered by a physician;
 - b. must include rationale for use; and
 - c. must be time limited.
3. Medical restraints for health-related conditions do not require the filing of an incident report.

Medical Restraints for Protection from Injury

1. Medical restraints for protection from injury may be used in the presence of a chronic health condition.
2. Medical restraints for protection from injury:
 - a. do not include chemical restraint;
 - b. must be used only after:
 - a. documented IST and medical provider consideration of alternative safety measures;
 - b. documented risks verses quality of life discussion by the IST;
 - c. must be addressed and described in the individual's ISP; and
 - d. must be ordered by a physician with review and renewal of such order as determined by the physician, and at minimum annually.
3. Medical restraints for protection from injury do not require the filing of an incident report.

Prohibited Interventions

1. Any restraint used for convenience or discipline is prohibited and shall not be used.
2. Prone restraint where an individual is face down on their stomach is prohibited and shall not be used.
3. Any aversive technique is prohibited and shall not be used.
4. Mechanical restraint shall not be used except when ordered as a medical restraint by a licensed physician or dentist.

DEFINITIONS:

“aversive technique” means an intervention described in BDDS policy that: incorporates the use of painful or noxious stimuli; incorporates denial of any health related necessity; or degrades the dignity of an Individual.

“BDDS” means Bureau of Developmental Disabilities Services as created under IC 12-11-1.1-1.

“behavioral emergency” means the occurrence of an unanticipated challenging/dangerous behavior exhibited by an individual that has not occurred before, or that has occurred no more than one time during a six month period.

“BQIS” means Bureau of Quality Improvement Services as created under IC 12-12.5.

“challenging/dangerous behavior” means a behavior exhibited by an individual receiving services that presents imminent serious danger to themselves or others.

“chemical restraint” means the use of medications to control unwanted behavior.

“Competency based training” means the learning of taught concepts must be demonstrated through acceptable, observable performance (whether in role playing, or in real time settings when possible,) in addition to passing a written post-test based on the training curriculum.

Competency Based Training is measured and documented by the trainer who is responsible for teaching toward the specific consumer outcomes.

“exclusionary time-out” means removing an individual from a reinforcing setting into a setting with lower reinforcing value as a means of decreasing unwanted behavior.

“manual restraint” means using physical force to hold a person, restricting their free movement.

“mechanical restraint” means using any device, material or clothing on, attached, or adjacent to a person’s body that cannot be easily removed by the person, restricting their free movement.

“reprimand” means a severe or formal criticism for a fault as a means of decreasing unwanted behavior.

“response cost” means the removal of an available reinforcer following the occurrence of an unwanted behavior;

“restrictive intervention” means an intervention that restricts the rights or freedom of movement of a person with a disability.

.

REFERENCES:

IC 12-9-2-3

IC 12-11-1.1

Aversive Techniques policy

Behavioral Support Plan policy

Incident Reporting and Management policy

Human Rights Committee policy

Approved by: Julia Holloway, DDRS Director -

A handwritten signature in black ink that reads "Julia Holloway". The signature is written in a cursive style with a long, sweeping underline.