



Udac Inc. | 4724 Mike Colalillo Dr. | Duluth, MN 55807

Emergency Use of Manual Restraint Not Allowed Policy *Udac programs do not use manual restraints*

I. Policy

I.

It is the policy of this DHS licensed provider, Udac to promote the rights of persons served by this program and to protect their health and safety during the emergency use of manual restraints.

“Emergency use of manual restraint” means using a manual restraint when a person poses an imminent risk of physical harm to self or others and it 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, do not constitute an emergency.

II. Positive Support Strategies and Techniques Required

A. The following positive support strategies and techniques must be used to attempt to de-escalate a person’s behavior before it poses an imminent risk of physical harm to self or others:

Follow individualized strategies in a person’s coordinated service and support plan and coordinated service and support plan addendum;

- Shift the focus by verbally redirect the person to a desired alternative activity;
- Model desired behavior;
- Reinforce appropriate behavior
- Offer choices, including activities that are relaxing and enjoyable to the person;
- Use positive verbal guidance and feedback;
- Actively listen to a person and validate their feelings;
- Create a calm environment by reducing sound, lights, and other factors that may agitate a person;
- Speak calmly with reassuring words, consider volume, tone, and non-verbal communication;
- Simplify a task or routine or discontinue until the person is calm and agrees to participate; or
- Respect the person’s need for physical space and/or privacy.

- B. The program will develop a positive support transition plan on the forms and in manner prescribed by the Commissioner and within the required timelines for each person served when required in order to:
1. eliminate the use of prohibited procedures as identified in section III of this policy;
 2. avoid the emergency use of manual restraint as identified in section I of this policy;
 3. prevent the person from physically harming self or others; or
 4. phase out any existing plans for the emergency or programmatic use of restrictive interventions prohibited.

III. Permitted actions and procedures

Use of the following instructional techniques and intervention procedures used on an intermittent or continuous basis are permitted by this program. When used on a continuous basis, it must be addressed in a person's support plan addendum.

- C. Physical contact or instructional techniques must be use the least restrictive alternative possible to meet the needs of the person and may be used to:
1. calm or comfort a person by holding that persons with no resistance from that person;
 2. protect a person known to be at risk of injury due to frequent falls as a result of a medical condition;
 3. 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 and duration; or
 4. 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; or
 5. to redirect a person's behavior when the behavior does not pose a serious threat to the person or others and the behavior is effectively redirected with less than 60 seconds of physical contact by staff.
- B. Restraint may be used as an intervention procedure to:
1. 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, meaning short-term, medical condition; or
 2. 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; or
 3. position a person with physical disabilities in a manner specified in the person's support plan addendum.
- Any use of manual restraint as allowed in this paragraph [Section B] must comply with the restrictions identified in [Section A].
- C. 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.

IV. Prohibited Procedures

Use of the following procedures as a substitute for adequate staffing, for a behavioral or therapeutic program to reduce or eliminate behavior, as punishment, or for staff convenience, is prohibited by this program:

1. chemical restraint;
2. mechanical restraint;
3. manual restraint;
4. time out;
5. seclusion; or
6. any aversive or deprivation procedure.

V. Manual Restraints Not Allowed in Emergencies

- A. This program does not allow the emergency use of manual restraint. The following alternative measures must be used by staff to achieve safety when a person's conduct poses an imminent risk of physical harm to self or others and less restrictive strategies have not achieved safety:

ALTERNATIVE MEASURES AS EUMR IS NOT ALLOWED AT UDAC

The following is a list of alternative measures that must be used by you to achieve safety when a person of a person conduct pose an imminent risk of physical harm to self or others and less restrictive strategies have not achieved safety:

- Continue to utilize the positive support strategies;
- Continue to follow individualized strategies in a person's coordinated service and support plan and coordinated service and support plan addendum;
- Ask the person and/or others if they would like to move to another area where they may feel safer or calmer;
- Remove objects from the person's immediate environment that they may use to harm self or others
- **Call 911 for law enforcement assistance if the alternative measures listed above are ineffective in order to achieve safety for the person and/or others.** While waiting for law enforcement to arrive staff will continue to offer the alternative measures listed above if doing so does not pose a risk of harm to the person and/or others.

- **Most importantly-safety first!**

In a crisis situation, when in doubt seek the assistance of 911.

While waiting for law enforcement to arrive continue to offer the alternative measures listed above if doing so does not pose a risk of harm to the person or others

- B. The program will not allow the use of an alternative safety procedure with a person when it has been determined by the person's physician or mental health provider to be medically or psychologically contraindicated for a person. This program will complete an assessment of whether the allowed procedures are contraindicated for each person receiving services as part of

the required service planning required under the 245D Home and Community-based Services (HCBS) Standards (section [245D.07](#), subdivision 2, for recipients of basic support services; or section [245D.071](#), subdivision 3, for recipients of intensive support services).

VI. Reporting Emergency use of Manual Restraints

As stated in section V, this program does not allow the emergency use of manual restraint. Any staff person who believes or knows that a manual restraint was implemented during an emergency basis they must immediately report the incident to the person listed below.

The program has identified the following person or position responsible for reporting the emergency use of manual restrain according to the standards in section 245D.061 and part 9544.0110, when determined necessary.

Ann Dahl, Director of Operations

Prohibited Procedures Definitions

Aversive procedure: "Aversive procedure" means the application of an aversive stimulus contingent upon the occurrence of a behavior for the purposes of reducing or eliminating the behavior.

Aversive stimulus: "Aversive stimulus" means an object, event, or situation that is presented immediately following a behavior in an attempt to suppress the behavior. Typically, an aversive stimulus is unpleasant and penalizes or confines.

Chemical restraint: "Chemical restraint" means the administration of a drug or medication to control the person's behavior or restrict the person's freedom of movement and is not a standard treatment or dosage for the person's medical or psychological condition.

Deprivation procedure: "Deprivation procedure" means the removal of a positive reinforcer following a response resulting in, or intended to result in, a decrease in the frequency, duration, or intensity of that response. Oftentimes the positive reinforcer available is goods, services, or activities to which the person is normally entitled. The removal is often in the form of a delay or postponement of the positive reinforcer.

Emergency use of manual restraint: "Emergency use of manual restraint" means 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 do not constitute an emergency.

Manual restraint: "Manual restraint" means physical intervention intended to hold a person immobile or limit a person's voluntary movement by using body contact as the only source of physical restraint.

Mechanical restraint: Except for devices worn by the person that trigger electronic alarms to warn staff that a person is leaving a room or area, which do not, in and of themselves, restrict freedom of movement, or the use of adaptive aids or equipment or orthotic devices ordered by a health care professional used to treat or manage a medical condition, "mechanical restraint" means the use of devices, materials, or equipment attached or adjacent to the person's body, or the use of practices that are intended to restrict freedom of movement or normal access to one's body or body parts, or limits a person's voluntary movement or holds a person immobile as an intervention precipitated by a person's behavior. The term applies to the use of mechanical restraint used to prevent injury with persons who engage in self-injurious behaviors, such as head-banging, gouging, or other actions resulting in tissue damage that have caused or could cause medical problems resulting from the self-injury.

Restraint: "Restraint" means manual restraint as defined in subdivision 15a or mechanical restraint as defined in subdivision 15b, or any other form of restraint that results in limiting of the free and normal movement of body or limbs.

Seclusion: "Seclusion" means the placement of a person alone in a room from which exit is prohibited by a staff person or a mechanism such as a lock, a device, or an object positioned to hold the door closed or otherwise prevent the person from leaving the room.

Time out: "Time out" means removing a person involuntarily from an ongoing activity to a room, either locked or unlocked or otherwise separating a person from others in a way that prevents social contact and prevents the person from leaving the situation if the person chooses. For the purpose of this chapter, "time out" does not mean voluntary removal or self-removal for the purpose of calming, prevention of escalation, or de-escalation of behavior for a period of up to 15 minutes. "Time out" does not include a person voluntarily moving from an ongoing activity to an unlocked room or otherwise separating from a situation or social contact with others if the person chooses. For the purposes of this definition, "voluntarily" means without being forced, compelled, or coerced.

Policy reviewed and authorized by:

Signature:



Ann Dahl

Director of Operations

Date of last policy review: 8.01.2021

Date of last policy revision: 9.01.2021

Legal Authority: MS §§ [245D.06](#), subd. 5 to subd, 8; [245D.061](#), MR part [9544.0110](#)

245D POLICY

8/1/2022