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CEDAR VALLEY SERVICES, INC./SMART BEHAVIOR MANAGEMENT AND EMERGENCY USE OF MANUAL RESTRAINT – STAFF TRAINING GUIDE

I. COMMUNICATIVE INTENT OF BEHAVIORS

- A.** Medical and psychiatric conditions have been found to play a direct role in “causing” challenging behaviors. It is important to assess behavioral situations to determine if there could be a physiological or psychological factor resulting in the behavior, especially with persons having limited communication skills. Examples of possible physiological or psychological factors include allergies, constipation, headaches, hunger, anxiety, boredom, fear, phobias, etc. Addressing/alleviating such conditions can deescalate situations and reduce the likelihood of behavior requiring restraint.
- B.** Challenging behavior may also be the result of a lack of skill or skills to obtain something a person wants. Four questions to consider when assessing a situation include:
1. Is the person trying to gain access to a desired item or activity?
 2. Is the person trying to avoid or escape an undesirable situation?
 3. Is the person seeking stimulation or sensory input?
 4. Is the person seeking attention, either positive or negative?
- C.** Identifying the communicative intent of a behavior is one of the first steps needed to help deescalate a situation. If it is reasonable for the person to obtain what they desire, the situation will likely be resolved. If it is not reasonable for them to obtain what they want, knowing what they are trying to communicate will help during the de-escalation process.

II. RELATIONSHIP BUILDING

- A.** When staff are in professional relationships with other staff where dignity and respect are evident, the people we support feel safer. When staff feel and act safe with one another, the people we serve are more likely to feel safe with staff. Staff are to be positive role models for the persons served. When behavior issues occur, people need to feel safe in order to calm down, thus healthy relationships are vital.
- B.** Getting to know and developing quality relationships with individuals can greatly improve your ability to help them avoid agitation or deescalate during behavioral situations. Understanding their moods (and vice versa), understanding what “pushes their buttons”, knowing their likes and dislikes, and understanding what is important to them can help significantly in a crisis

situation. Knowing the person and having a quality relationship helps put them at ease and gives you a better chance to reduce stress for everyone. Not having a good relationship with someone in a behavior situation may in fact intensify or contribute to the situation.

III. PHYSIOLOGICAL AND PSYCHOLOGICAL IMPACT ON THE PERSON AND STAFF WHEN RESTRICTIVE PROCEDURES ARE USED

A. Manual restraint involves the possibility of physical dangers or injury to you, your coworkers, and the person you're restraining. Possible physical harm may include but is not limited to:

1. broken bones;
2. sprains/strains;
3. cuts or abrasions;
4. concussions;
5. cardiac disturbances;
6. muscle cell breakdown.

B. There are also psychological risks with using restraints. The use of restraints can interfere with the therapeutic relationship between staff and the people in their care. For the person being restrained it can be traumatic and can lead to a variety of issues including the following but not limited to:

1. having nightmares, sleep issues;
2. feeling depressed;
3. developing fear of others;
4. avoidance;
5. mistrust;
6. feeling humiliated;
7. confusion;
8. increased aggression;
9. developing a startle response;
10. a feeling of punishment.

IV. ALTERNATIVES TO MANUAL RESTRAINT, INCLUDING TECHNIQUES TO IDENTIFY EVENTS AND ENVIRONMENTAL FACTORS THAT MAY ESCALATE CONDUCT

A. Cedar Valley will not allow the use of manual restraint with a person when it has been determined by the person's physician or mental health provider to be medically or psychologically contraindicated. This information must be documented in their *Support Plan Addendum*. For individuals with this determination, the support team will assess whether or not any of the following alternatives may be used, or if there are other alternatives, and will document them in the person's *Support Plan Addendum*. Possible alternatives to manual restraint include but are not limited to the following:

1. continued use of positive support strategies;

2. continue to follow individualized strategies in the person's *Support Plan* and *Support Plan Addendum*;
 3. ask the person and/or others if they would like to move to another area where they may feel safer or calmer;
 4. remove objects from the person's immediate environment that they may use to harm self or others;
 5. call 911 or 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.
- B.** The above alternatives may also be used if/when manual restraint is not contraindicated for someone, however the circumstances of the situation are such that an alternative may be a safer solution for the person and/or others.
- C.** Having a quality relationship with the person, understanding what the person is trying to communicate through the behavior, and assessing what is taking place in the immediate environment are key elements for preventing escalation. Bringing in another staff that has a better relationship with the individual may improve the chance of calming the situation. Acknowledging what the person wants and allowing them to obtain it if reasonable, or being able to talk to them about what they want can help calm a person down. Knowing the person and understanding things that bother them is helpful in assessing whether or not something in the environment may be contributing to the situation. Resolving environmental issues such as excess noise, uncomfortable temperature, etc., or offering the person the opportunity to leave the environment can be practical and effective measures in defusing behavior issues.
- V. POSITIVE SUPPORT STRATEGIES, DE-ESCALATION METHODS, AND HOW TO AVOID POWER STRUGGLES**
- A.** Positive support approaches are used to facilitate individual growth, enhance a person's quality of life, and make the use of more intrusive measures such as manual restraint unnecessary. Everyday strategies should include but are not limited to the following:
1. supporting the person in communicating their choices and wishes;
 2. allowing the person to exercise as much control and decision-making as possible over day-to-day routines;
 3. assisting the person to increase control over life activities and environments;
 4. teaching the person coping, communication and emotional self-regulation skills;
 5. anticipating situations that will be challenging and assisting them to cope or respond in a calm way;

6. filling up the person's life with opportunities such as valued work, enjoyable physical exercise and preferred recreational activities.
- B.** When individuals become agitated, Cedar Valley staff will attempt to de-escalate a person's behavior before it poses an imminent risk of physical harm to self or others. Some of the following positive support strategies 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 but 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.;
 2. staff suggesting or recommending that the person participate in an activity or interact with a relaxing object they enjoy as a means to self-calm;
 3. encouraging calming exercises such as deep breathing, meditating, muscle tensing and relaxing, etc.;
 4. staff suggesting or reminding the person served they have the option to spend time alone, when safety permits, as a means to self-calm;
 5. reinforcement of appropriate behavior;
 6. creating a calm environment by reducing sound, lights, and other factors that may be agitating the person;
 7. simplifying the task or routine or discontinue until the person is calm and agrees to participate;
 8. implementing the individualized strategies that have been written into the person's *Support Plan* and/or *Support Plan Addendum*, or *Positive Support Transition Plan*;
 9. a combination of any of the above.
- C.** The likelihood that you or a person served will be injured during the first few seconds when an incident becomes violent is great due to the tendency for people to respond out of fear, frustration or anger rather than drawing on common sense. By not over reacting and by being prepared you can reduce the chance of injury to yourself and persons served in our organization.
- D.** Staff need to be aware that everyone's emotions change, the people we serve as well as our own. They may change because of a particular situation, or for no identifiable reason. Our actions have an effect on how others feel and react, and circumstances such as adverse elements, loud noises, etc. may cause emotions to change. Everyone's behavior changes, and to have successful relationships with others we must be flexible. One of the most important things for you to remember is that you cannot make anyone do anything. Confrontations often result from someone trying to make someone else do something that they did not want to do. To help avoid confrontations, ask yourself how critical is it for the person to do what was asked at that very moment. To let go of something to evade a power struggle is not giving in to them or a sign of weakness. Choosing to back off in non-critical situations is an

effective de-escalation technique to avoid incidents that could otherwise lead to injury.

- E. The following posting is a useful tool to help avoid power struggles in the workplace.

Decreasing Power Struggles (by Orion Associates, Golden Valley, MN)
www.orionassoc.net/training/decreasing-power-struggles/

One of the many challenges in working with people who have developmental disabilities is avoiding power struggles. In a power struggle, each person has his or her own perspectives, stressors, and agenda. The objective for each person is to be the one to come out on top—to have his ideas or desires prevail. In such a struggle, both sides often lose. The following is an example of how a power struggle can evolve between staff and a person served:

Step 1: The conflict often starts small—maybe the person served wants some extra food, or does not want to do a task, or the person served is being disruptive with an annoying behavior.

Step 2: In a power struggle situation, the staff would then respond in a way that is disagreeable to the person-- the staff says no, the staff appears disrespectful, or the staff is persistent in demanding what he/she originally requested.

Step 3: The person served then responds with more assertiveness, usually with a louder voice, maybe even yelling, swearing, or talking in a disrespectful way.

Step 4: The emotions start to rise for each. Both of them are often very stubborn and unwilling to give in.

Step 5: Sometimes, in desperation and without knowledge of what else to do, the person served may become aggressive. Sometimes the end result is someone getting hurt, police called, and the person served is taken to the hospital. This occurs in the extreme cases, but it points to how far a situation can go.

The long-term effect is that this cycle often continues to persist. When a power struggle occurs between a person served and staff, there are a lot of negative feelings that can develop between them. These negative feelings and emotions continue to fester and wear away at the rapport that had been developed. Because the staff no longer has a good rapport with the person served, there is a higher likelihood that more power struggles will occur between them.

In this corner, we have “the staff”

For some staff, the idea of having authority is very important to them. This is especially true with those working with people who exhibit behaviors. The concern is that, if they do not have authority, the person served will walk all over them and the behaviors will get out of hand. They want to feel that they are empowered and have the control, which they may think is inherent to them because of the position that they have. Even when they realize that they are wrong about the situation, staff will sometimes continue the power struggle in order to maintain the control. A power struggle may sometimes be more likely

if the peers of the staff are present, because the staff may want to show them that they are able to hold their own ground against the person served.

Staff will sometimes react with very strong emotion. They are human. The person served may say something to the staff member that is taken as a personal attack. The staff immediately reacts with emotion in a way to demand respect. These emotions are most common in those who are new to the field.

Staff may also engage in these power struggles because they feel that they are doing what is right and best for the person served-- whether it has to do with safety, their well-being, or morals. They do not want to allow the person served the choice to fail.

Staff often get into power struggles as a result of “just trying to do my job”. They may be getting messages from their supervisors and other team members that certain outcomes have to be accomplished, the person served must be prevented from doing something, or that they must make somebody do something.

And in this corner is the person served:

There is a large element of control in why the persons served become participants in power struggles. They typically want to be their own person. They do not want to be told what they can and cannot do-- they want to make their own choices. When it is necessary, the persons served are often willing to “put up a fight” to keep that control.

The person served also does not want to be embarrassed in front of their peers. By backing down and allowing the staff to have authority, the person may appear weak or foolish. Therefore, the person served may keep up the struggle in order to save face.

A large part of reason that people with developmental disabilities get into power struggles is that they tend to lack the skills that are necessary to avoid the struggles: relaxation skills, coping skills, problem-solving skills, reasoning skills, etc. As a result of not having these skills, getting into power struggles may be the only option that they know.

They are also very likely to react emotionally, which will interfere with the ability to think clearly. The more emotional, agitated, or anxious that a person becomes, the less likely they are to think clearly. The highly charged negative emotions will often quickly lead to aggressiveness.

Some people with developmental disabilities tend to be very rigid, meaning that they think things have to be a certain way, and they have difficulty changing their mind. It is very difficult to convince them of other options or ways of looking at the situation. The person often appears to the staff to be irrational.

Ten Steps for Dealing with Power Struggles:

1. Develop a good therapeutic rapport with the people that you are working with. People are more likely to give up control to others if they have a good rapport with them. In fact, they will want to please you. If they do not have a good rapport, they will fight that much harder in order to come out on top.

- Show interest in the things that the person likes,
- Be polite,
- Be respectful,
- Say hello and goodbye
- Be positive around the person.

2. Keep your emotions in check. Identify where you are emotionally before you even come in to a situation. If you have had a bad day, or you have a negative attitude about the person or the situation, you will be more likely to quickly respond in a negative way. You must keep your cool in order to manage the conflict situation in a professional manner. During an incident with a person served, if you respond with a lot of emotion, it will likely interfere with your ability to think through the situation clearly and cognitively. You will also add to the persons' served frustration and prompt him/her to challenge back. The person served may see your emotional reaction as a threat and retaliate against it.

- Take a deep breath;
- Tell yourself that you are going to react calmly;
- Speak in a calm, neutral, professional voice.

3. Identify the bait. Avoid reacting in a confrontational manner to remarks that are deliberately intended to draw you into a power struggle. Realize when they are trying to push your buttons or get a reaction. They may see it as a game or as a test. It is important that you do not take the bait. If a comment is merely annoying, ignore it. Try to redirect the person by bringing up a different topic of conversation. It takes two people to get into a power struggle. A power struggle can be avoided if the staff person does not choose to take part in the struggle.

4. Listen. By you listening, it is going to help prevent you from going back and forth with the person. Use your active listening skills. Give the person your undivided attention and convey to him that you are really listening to what he is saying. Resist the urge to correct the person or give your input at the time. Paraphrase what the person is saying to show that you understand. Convey to them how they are feeling, and that you understand that they may be upset. By doing this, you can demonstrate respect for the person and his point of view.

5. Prioritize the issues. Which things are the most important? What situations are you trying to avoid? Put a lot of effort into things that are really important, and put a little effort into things that hold little importance. Always think to yourself, "Will this be worth getting into a big physical altercation about?" **People's safety should always be the main priority.** Turning small issues into full-blown aggressive behaviors is not acceptable.

6. Give real choices. You must acknowledge that the person served must make his own behavioral choice, and that you cannot really make him do anything. Give your person served options and choices so that he feels like he has some control. These choices should be ones that are doable and agreeable to everyone who is involved. Explain the choices that he has, along with the potential results that may follow for making each choice. Then back off and allow him to process the options and respond. Persons served sometimes find themselves in situations in which they are unwilling to back down from a show down. By backing off, you allow them to save face. Keep your responses very brief. Staff sometimes make the mistake of showering the person served with a lot of unnecessary comments, and they begin to sound like lectures.

7. Strive for win/win. It is common for a person who is in a power struggle to strive for a result in which they come out on top. They win, and the other person loses. If we are going to strive to reduce power struggles with our person's served, we must change our goals as staff. We should no longer expect our persons served to say "okay" and "yes" to everything that we say. We should be striving to teach them problem-solving skills, coping strategies, and negotiating strategies. The person is going to need a lot of help with problem-solving, because he probably has not done it well before. They will especially need help initially with the emotional control. They will not be able to problem-solve if they do not have control of their emotions. It is often helpful to allow the person served to have a "cool-down" break. Allow the person to go into another room and relax before returning to discuss the problem.

8. Limit the audience. Your person served will be less willing to back off and agree to turn things around if there are others around them. They will want to save face. The person may even be showing off to his/her peers. Having others around may also contribute to the problems because the other people may add to the situation with their teasing, arguing, or scolding.

9. Avoid threats and promises-- especially ones that you cannot keep. Threats will likely increase the person's agitation and make the situation worse. Your words will become meaningless if you cannot back them up.

10. Say "I'm sorry". Sometimes it is best to admit that you were wrong and back off. The person will often see the act as a gesture of respect. Give yourself an out. Do it early before the situation gets out of hand. If you think that you are "giving in", take comfort in knowing the person is not necessarily going to increase the behaviors or walk all over you the next time.

Some scenarios that require extra attention:

One of the common sources of power struggles is when a person served makes a request for a desired item or activity, and the staff person denies him. The response from the person served can often be quite negative, and even explosive. When looking closely at the situation, we see that there are three different types of answers that a staff can give the person served when he makes a request.

1. Yes - You don't have concerns. The person served wants it. Be agreeable and avoid a power struggle all together.

2. No - This is only reserved when you actually mean "no" and you need to stay with "no". Think before saying it. Too often, staff realize half-way through the power struggle that they did not need to say "no", but will continue with the struggle because they do not want to give in. "No" should be reserved for absolute rules and safety concerns.

3. Let's talk about it. Hopefully most things will fall in this category. A good way to start the discussion is to simply repeat to the person what he just asked for. Ex: "You want pizza", or "You want to stay up later". This helps to buy time because the person is frequently expecting to hear "no". As soon as the "N.." comes out of the mouth, the situation quickly escalates. By repeating the request, the caregiver is essentially saying, "I'm not saying "no", so don't fly off the handle just yet; let's talk it out." This may allow enough time for the agitation level to remain low enough to start a discussion. Then start talking with the person served about when the request can be carried out at a better time, or whether there are other alternatives to the request that can be worked out. Show patience in working it out, and help him to keep his emotions in check.

Another situation that can lead to a power struggle is when a person served refuses to comply with a request made by the staff. We become too concerned about what we will do when they say "no". Instead, we should put more focus in thinking ahead of time about what we can do to increase the odds that the person will say "yes".

- Make sure that the person served is paying attention to you. Get eye contact if possible. Make sure that he understands what is being asked.

- Pair the request: When you make a request of the person served that might be unfavorable, try pairing it with a more desirable activity that would follow. Ex: "*Bill, why don't you shave quickly, then we will sit down and have a donut*".

- At the most, give the person served only one or two different requests at one time. Do not give him a verbal list of things to do. It is difficult to process and remember, and it may overwhelm him. If that happens, he will shut down.

- Try to establish a routine in which many of his typical tasks occur. As it becomes more of a pattern to do these things, he will eventually think less about whether or not he should do them-- he just does them.

- Build a momentum: Try to get the person served into a positive momentum. Talk with him first. Get him in a good mood. Be upbeat and use humor when making the request to the person served. Play around with him a little before and after making the prompt. Try first asking him to do something that he is likely to comply with. Give him praise for complying, and then follow it up with the task that you are seeking compliance with.

- The person served may be more willing to comply with a request if it is seen as doing someone a favor or helping someone, especially if he likes that person. If he does not like that person, he may see it as an opportunity to upset the person. In this case, phrase it to him as a way to help himself.

- Try writing the request down or presenting a visual prompt such as a picture. People with DD tend to process and understand things when they are presented visually to them.

- You may need to praise the individual for carrying through with part of the request. Hopefully, he will then follow through with more of the request next time

If the person served first says "No"...

Remember: It is not possible to make somebody do something. In the end, it is always his/her decision to comply.

- Don't always take "no" as the final answer. Sometimes, "no" is simply the first word that comes out of somebody's mouth. He may then think about it, and change his decision. Give the person served some time to process the situation and think about his choices.
- Remember to stay calm and give a neutral reaction. Do not let on that his decision not to comply affects you.
- Ask yourself what it is that may be preventing him from following through with the request or affecting his decision to refuse the request. You might be able to address that and change it.
- Start up a conversation with him, interact with him, and gradually steer him toward compliance.
- Give him some time to process and respond to the prompt.
- If possible, negotiate a time in which he will be able to do it.
- Remind him of the expectations.
- Hold off on the next desirable activity until the request is followed through.
- If the person served begins to yell, hit, kick, or any other undesirable behavior, back off. Wait for him to calm down, then restate the request. Do not let the person served get out of the request by exhibiting behaviors.

VI. IDENTIFICATION OF THRESHOLDS FOR IMPLEMENTING AND CEASING RESTRICTIVE PROCEDURES

- A.** If positive support strategies and de-escalation techniques have failed, Cedar Valley staff will only implement the emergency use of manual restraint when immediate intervention is needed to protect the person or others from imminent risk of physical harm. Manual restraint CANNOT be used for the following conditions:
1. a person engaging in property destruction that does not cause imminent risk of physical harm;
 2. a person engaging in verbal aggression with staff or others;
 3. a person refusing to receive or participate in treatment or programming.
- B.** The type of manual restraint used must be the least restrictive intervention to eliminate the immediate risk of harm and effectively achieve safety, and it must be one of the procedures allowed by Cedar Valley.
- C.** Staff must cease the manual restraint when the threat of harm ends. Staff implementing and monitoring the restraint must monitor the person for signs indicating the person has calmed and the threat of harm is over. Possible indicators include but are not limited to:
1. the person stops struggling and body relaxes;
 2. the person's tone of voice gets calmer;
 3. the person expresses remorse.

- D. Should the person show signs of distress during a restraint, staff will immediately stop the restraint and check on the health of the person.

VII. HOW TO RECOGNIZE, MONITOR, AND RESPOND TO PHYSICAL SIGNS OF DISTRESS AND POSITIONAL ASPHYXIA

- A. It is vital that a person's physical status be monitored during a restraint as some individuals have gone from a state of no distress to death in a matter of moments. Whenever possible, a staff person not implementing the manual restraint will be present to monitor the person served during the procedure. This staff person should position themselves so that they are able to visually see and hear the person served without difficulty to monitor for sign of distress. If there are no other staff available to monitor the person during the restraint, the staff involved must heighten their awareness of the persons' served physical status and response to the restraint to ensure their safety. Some common signs of distress include but are not limited to the following:
1. perspiring excessively;
 2. turning pale;
 3. breathing difficulties;
 4. fainting;
 5. muscle spasms;
 6. vomiting;
 7. obvious intense pain;
 8. slurred speech;
 9. circulation issues, red marks, imprints from holding/grasping.
- B. One of the most tragic risks associated with the use of physical restraint is positional asphyxia, a deadly condition that can occur when a person being restrained can't get enough oxygen. This lack of oxygen can lead to disturbances in the rhythm of the heart, and death can result.
- C. Especially dangerous positions include facedown restraints (prone), or any position in which the person is bent over in such a way that it is difficult for them to breathe. This includes seated or kneeling positions in which the person being restrained is bent over at the waist, and any facedown position on a bed or mat. Staff need to be especially careful not to use their own bodies in a way that restricts the person's ability to breathe, such as sitting or lying across their back or stomach. When lying face down, even pressure to a person's arms and legs can interfere with their ability to move their chest or abdomen in order to breathe effectively.
- D. Some individuals are more at risk for restraint-related positional asphyxia than others due to contributing factors such as obesity, extreme physical exertion or struggling prior to or during restraint, breathing problems such as asthma or emphysema, heart disease, and use of alcohol or drugs.

VIII. SIMULATED EXPERIENCES OF ADMINISTERING AND RECEIVING EUMRS ALLOWED BY THE COMPANY

A. Prior to providing any unsupervised direct support to persons served, CVS staff will receive training on the following allowed restraint procedures. They will demonstrate to their trainer the proper administration of each procedure, and will also experience what it is like for the procedure to be implemented on them. This will be documented on the competency form.

1. 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.

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, just below the elbow while applying firm, but gentle pressure. In this position, staff will remain near to the person while walking with them to another area.

2. Arm restraint/staff person standing or sitting

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.

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.

- B. 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.

IX. STAFF RESPONSIBILITIES RELATED TO PROHIBITED PROCEDURES, WHY SUCH PROCEDURES ARE NOT EFFECTIVE, AND WHY SUCH PROCEDURES ARE NOT SAFE

- A. The following procedures are prohibited by the State of Minnesota and will not be used in any circumstance by Cedar Valley staff except as noted:
 - 1. chemical restraint;
 - 2. mechanical restraint;
 - 3. manual restraint (except in an emergency);
 - 4. time out;
 - 5. seclusion;
 - 6. aversive procedures;
 - 7. deprivation procedures.

- B.** Staff are responsible for abiding by Cedar Valley's policy and for reporting any use of prohibited procedures. Only the allowed manual restraint procedures may be used on an emergency basis when necessary to prevent imminent harm to a person or others. Emergency manual restraint is not to be used as a substitute for adequate staffing, for a behavioral or therapeutic program to reduce or eliminate behavior, as punishment, or for staff convenience.
- C.** Restraints in general have no therapeutic value at all, thus they are not effective in reducing the occurrence of challenging behaviors. Restraints do not teach the person how to control or stop their own behavior. The person does not learn different ways to communicate their needs or emotions. The restraint does not teach adaptive or coping skills to help the person deal with their frustrations. Restraints can actually lead to increased aggression.
- D.** Restraints of any kind are unsafe for the person served, and some are unsafe for staff and others. They are not constructive and can lead to serious injury, psychological trauma, and even death.