

POLICY AND PROCEDURE PERTAINING TO EMERGENCY USE OF MANUAL RESTRAINT AND POSITIVE SUPPORT STRATEGIES

PURPOSE

The purpose of this policy is to promote *rights* and to protect the health and safety of persons served during the emergency use of manual restraints (EUMR). This policy will also promote learning appropriate and safe interventions by using positive support strategies as a primary technique. Many of these approaches stress rearranging the environment, teaching new behaviors, communication skills, and offering choices.

POLICY

It is the policy of EON, Inc. to ensure the rights of persons served by EON, Inc. and to protect their health and safety, ensure the correct use, training, and monitoring during the emergency use of manual restraints in accordance with [Sec. 245D.02 MN Statutes](#) subdivision 8a.

“Emergency use of manual restraint” means using a manual restraint when a person served 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 served refusal to receive or participate in treatment or programming on their own, do not constitute an emergency.

This EON, Inc. Policy, when a person poses an imminent risk of physical harm to self or others and is the least restrictive intervention that would achieve safety EON DOES ALLOW Emergency use of Manual Restraint for the following sites:

1. 525 HIGH DRIVE
2. 110 KNOLLCREST
3. 1021 CALEDONIA
4. 716 PAGE
5. 307 N BROAD ST.
6. 900 HOPE STREET
7. 101 GLENWOOD AVE

All other sites DO NOT ALLOW the Emergency use of Manual Restraint.

PROCEDURE

I. Positive Support Strategies and Techniques Required

- A. EON, Inc. will utilize positive support strategies and techniques to help teach new behaviors and encourage the increased use of existing adaptive behaviors. Some of the following procedures could be used to de-escalate the situation and are options that could be implemented by staff. The following can be used alone or in combination and 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. Examples of positive techniques include:
 1. Follow individualized strategies in a person’s support plan (SP) and support plan addendum (SPA);
 2. Remain calm and use a calm and supportive voice to communicate with the individual. Speak calmly with reassuring words, consider volume, tone, and non-verbal communication;
 3. Shift the focus by verbally redirect the person to a desired alternative activity;
 4. Model desired behavior (example: take a deep breath like this);
 5. Reinforce appropriate behavior;

6. Offer choices, including activities that are relaxing and enjoyable to the person;
7. Use positive verbal guidance and feedback by using positive statements regarding a specific behavior, task, or activity completed by person;
8. Actively listen to a person and validate their feelings;
9. Create a calm environment by reducing sound, lights, and other factors that may agitate a person;
10. Simplify a task or routine or discontinue until the person is calm and agrees to participate;
11. Respect the person's need for physical space and/or privacy (this may also include choosing a quiet space to relax to reduce overstimulation).
12. For the sites **525 HIGH DRIVE, 110 KNOLLCREST, 1021 CALEDONIA, 716 PAGE, 307 N BROAD ST., 900 HOPE STREET, and 101 GLENWOOD AVE.** EON, Inc. also trains staff in the interactional, de-escalation and post-incident techniques used by the MANDT System. The MANDT System is a comprehensive, integrated approach to preventing, de-escalating, and if necessary, intervening when the behavior of an individual poses a threat of harm to themselves and/or others.

II. Permitted Actions and Procedures

- A. 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 SPA.
- B. Physical contact or instructional techniques must 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 person with no resistance from that person;
 2. Protect a person known to be at risk or 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.
- C. Restraint may be used as 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 coordinated services and support plan addendum.
 4. Any use of manual restraint as allowed in this paragraph [Section C] must comply with the restrictions identified in [Section B].

- D. 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.
- E. Temporary withholding or removal of objects being used to hurt self or others. (temporary means until the threat of harm to self or others is over).

III. Prohibited Procedures

A. EON, Inc. is prohibited from using the following procedures:

1. Chemical restraint;
2. Mechanical restraint;
3. Manual restraint (except in the case of an emergency or safety, unless needed to protect the person or others from imminent risk of physical harm. Refer to EUMR section);
4. Time out;
5. Seclusion;
6. As a substitute for adequate staffing;
7. For a behavioral or therapeutic program to reduce or eliminate behavior;
8. Punishment;
9. For staff convenience;
10. Any aversive or deprivation procedure. Definitions: **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** is defined as an object, event, or situation that is presented immediately following a behavior in an attempt to suppress the behavior. **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 of postponement of the positive reinforcer.

Examples of aversive or deprivation procedures include:

- a. Prone restraint, metal handcuffs, or leg hobbles;
- b. Faradic shock;
- c. Speaking to a person in a manner that ridicules, demeans, threatens, or is abusive;
- d. Physical intimidation or a show of force;
- e. Containing, restricting, isolating, secluding, or otherwise removing a person from normal activities when it is medically contraindicated or without monitoring the person served;
- f. Denying or restricting a person's access to equipment and devices such as walkers, wheelchairs, hearing aids, and communication boards that facilitate the person's functioning. When the temporary removal of the equipment or device is necessary to prevent injury to the person or others or serious damage to the equipment or device, the equipment or device must be returned to the person as soon as imminent risk of injury or serious damage has passed;
- g. Painful techniques, including intentional infliction of pain or injury, intentional infliction of fear of pain or injury, dehumanization, and degradation;

- h. Hyperextending or twisting a person's body parts;
- i. Tripping or pushing a person;
- j. Requiring a person to assume and maintain a specified physical position or posture;
- k. Forced exercise;
- l. Totally or partially restricting a person's senses;
- m. Presenting intense sounds, lights, or other sensory stimuli;
- n. Noxious smell, taste, substance, or spray, including water mist;
- o. Depriving a person of or restricting access to normal goods and services, or requiring a person to earn normal goods and services; Token reinforcement programs or level programs that include a response cost or negative punishment component;
- p. Using a person receiving services to discipline another person receiving services;
- q. Using an action or procedure which is medically or psychologically contraindicated;
- r. Using an action or procedure that might restrict or obstruct a person's airway or impair breathing, including techniques whereby individuals use their hands or body to place pressure on a person's head, neck, back, chest, abdomen, or joints;
- s. Interfering with a person's legal rights, except as allowed by [Sec. 245D.04 MN Statutes](#), subdivision 3, paragraph (c). For purposes of this item, "legal rights" means rights afforded in federal regulation or state licensing standards governing the program.

IV. Positive Support Transition Plans

- A. EON, Inc. uses Positive Support Transition Plans on forms provided by the Department of Human Services (DHS). These plans are to be used 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 restrictive interventions prohibited under MN Statutes, chapter 245D.

V. Emergency use of Manual Restraints **NOT ALLOWED**– ALL Sites follow section V., **except for 525 HIGH DRIVE, 110 KNOLLCREST, 1021 CALEDONIA, 716 PAGE, 1307 N BROAD ST., 900 HOPE STREET, and 101 GLENWOOD AVE.**

- A. Staff must use the following alternative measures 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:

Examples that staff can use include:

1. Continue to utilize the positive support strategies;
2. Continue to follow individualized strategies in a person's SP and SPA;
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 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.

- B. 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 Community Support Supervisor (CSS) or designee.
- C. The CSS or designee is responsible for reporting the emergency use of manual restraint according to the standards in section [Sec. 245D.061 MN Statutes](#) and [9544.0110 - MN Rules Part](#), when determined necessary.

VI. Emergency use of Manual Restraints Allowed – Only at 525 HIGH DRIVE, 110 KNOLLCREST, 1021 CALEDONIA, 716 PAGE, 307 N BROAD ST., 900 HOPE STREET, and 101 GLENWOOD AVE. All other sites follow sections V. above.

- A. EON, Inc. allows the following manual restraint procedures to be used on an emergency basis when positive support strategies have not achieved safety, and other less restrictive alternatives have not been effective, and an individual's conduct poses an imminent risk of physical harm to self or others.
- B. Conditions for EUMR: EUMR must meet the following conditions:
 - 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; and
 - 3. The manual restraint must end when the threat of harm ends.
- C. Conditions Prohibiting Use: 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 (and is not threatening physical harm to self or others); or
 - 3. A person's refusal to receive or participate in treatment or programming (and is not threatening physical harm to self or others).
- D. Types of Manual Restraints That Are Allowed:
 - 1. The physical skills taught through MANDT may include:
 - a. Proper stances,
 - b. Walking with and accompanying,
 - c. Escorting,
 - d. Assisting a person from the floor,
 - e. Bite release,
 - f. Turn and step,
 - g. Wrist release, finger release, clothing release,
 - h. Hair pull,
 - i. Following a person to the floor,
 - j. Two-person separating,

K-O are manual restraints: if using k-o, a General Event Report (GER) must be completed. Community supports supervisor must complete a behavior intervention report form (BIRF), which must be submitted to DHS according to reporting requirements.

- k. One-person side body hug,
 - l. Two-person side body hug,
 - m. One arm support/restraint,
 - n. Two arm support/restraint,
 - o. One arm two-person support/restraint,
 - p. Refer to the MANDT manual for specific details and techniques. A MANDT manual is located at each primary site.
- E. EON, Inc. will not allow the use of a manual restraint procedure with a person when it has been determined by the person's physician or mental health provider to be medically or psychologically contraindicated. During service planning, EON, Inc. will document whether or not a manual restraint would be medically or psychologically contraindicated in the persons coordinated supports and service plan.

VII. Restrictions When Implementing EUMR

A. EUMRs must **NOT**:

1. Be implemented with a child in a manner that constitutes sexual abuse, neglect, physical abuse, or mental injury;
2. Be implemented with an adult in a manner that constitutes abuse or neglect;
3. Be implemented in a manner that violates a person's rights and protection;
4. Be implemented in a manner that is medically or psychologically contraindicated for a person;
5. 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;
6. Restrict a person's normal access to any protection required by state licensing standards and federal regulations governing this program;
7. Deny a person visitation or ordinary contact with legal counsel, a legal representative, or next of kin;
8. 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 or services provided by this program;
9. Use prone restraint. "Prone restraint" means use of manual restraint that places a person in a face-down position. It does not include brief physical holding of a person who, during an emergency use of manual restraint, rolls into a prone position, and the person is restored to a standing, sitting, or side-lying position as quickly as possible; or
10. Apply back or chest pressure.
11. Be implemented in a manner that is contraindicated for any of the person's known medical or psychological limitations.

VIII. Monitoring EUMR

- A. EON, Inc. will monitor a person's health and safety during an EUMR. The purpose of the monitoring is to ensure the following:
 - 1. Only manual restraints allowed in 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; and
 - 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.
- B. When possible, a staff person who is not implementing the EUMR must monitor the procedure.
- C. A monitoring form (Emergency Use of Manual Restraint Monitoring Form & Reporting for BIRF) as approved by the DHS, must be completed for each incident involving the emergency use of a manual restraint.

IX. Reporting EUMR

- A. Each single incident of EUMR must be reported separately. A single incident is 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
 - 3. Staff must immediately re-implement the manual restraint in order to maintain safety.
- B. Within 24 hours of an EUMR, the legal representative and the case manager must receive verbal notification of the occurrence as required under the incident response and reporting requirements in the 245D HCBS Standards, section [245D.06](#), subdivision 1.
- C. When the EUMR involves more than one person receiving services, the incident report made to the legal representative and the case manager must not disclose personally identifiable information about any other person unless the program has the consent of the person.
- D. Within three calendar days after an EUMR, the staff person who implemented the emergency use must report in writing to the CSS or designee the following information about the emergency use:
 - 1. Who was involved in the incident leading up to the EUMR; including the names of staff and persons receiving services who were involved;
 - 2. A description of the physical and social environment, including who was present before and during the incident leading up to the EUMR;
 - 3. A description of what less restrictive alternative measures were attempted to de-escalate the incident and maintain safety before the EUMR was implement. This description must identify 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 manually restrained, leading up to, during, and following the manual restraint;
 5. A description of the mental, physical, and emotional condition of the other persons involved leading up to, during, and following the manual restraint;
 6. Whether there was any injury to the person who was restrained before or as a result of the use of a manual restraint;
 7. Whether there was any injury to other persons, including staff, before or as a result of the use of a manual restraint; and
 8. 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. Include the outcome of the debriefing. If the debriefing was not conducted at the time the incident report was made, the report should identify whether a debriefing is planned.
- E. A copy of this report must be maintained in the person served record. The record must be uniform and legible.

X. Internal Review of EUMR

- A. Within five business days after the date of the EUMR, the CSS or designee will complete and document an internal review (Therap GER: State Specific Information, Minnesota- 245D Incident Report form) of the report prepared by the staff member who implemented the emergency procedure.
- B. The internal review must include an evaluation of whether:
 1. The person's service and support strategies need to be revised;
 2. Related policies and procedures were followed;
 3. The policies and procedures were adequate;
 4. There is need for additional staff training;
 5. The reported event is similar to past events with the persons, staff, or the services involved; and
 6. There is a need for corrective action by EON, Inc. to protect the health and safety of persons.
- C. Based on the results of the internal review, EON, Inc. will develop, document, and implement a corrective action plan for the program designed to correct current lapses and prevent future lapses in performance by individuals or EON, Inc., if any.
- D. The corrective action plan, if any, will be completed by the Community Supports Manager and will be implemented within 30 days of the internal review (Therap GER: State Specific Information, Minnesota- 245D Incident Report form) being completed.

XI. Expanded Support Team Review of EUMR

- A. Within five working days after the completion of the *internal review* (Therap GER: State Specific Information, Minnesota- 245D Incident Report form) the CSS or designee will consult with the expanded support team to:
 1. Discuss the incident to:
 - a. Define the antecedent or event that gave rise to the behavior resulting in the manual restraint; and
 - b. Identify the perceived function the behavior served.

2. Determine whether the person's SPA needs to be revised to:
 - a. Positively and effectively help the person maintain stability; and
 - b. Reduce or eliminate future occurrences of manual restraint.
- B. EON, Inc. must maintain a written summary of the expanded support team's discussion and decisions in the person's service recipient record.
- C. The CSS or designee is responsible for conducting the expanded support team review and will ensure the person's SPA is revised, when determined necessary.

XII. External Review and Reporting of EUMR

- A. Within five working days after the completion of the expanded support team review, EON, Inc. must submit the following to the DHS and the Office of the Ombudsman for Mental Health and Developmental Disabilities using the online [behavior intervention reporting form](#).
 1. Report of the EUMR;
 2. The internal review and corrective action plan; and
 3. The expanded support team review written summary.
- B. The following written information will be maintained in the person's service recipient record:
 1. The report of an EUMR incident that includes:
 - a. Reporting requirements by the staff who implemented the restraint;
 - b. The internal review of EUMR 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, DHS, and Ombudsman, if needed.
- C. 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.

XIII. Staff Training Requirements:

- A. EON, Inc. recognizes and values the importance of rights to protect their health and safety of persons served during the EUMRs. staff will receive orientation and annual training according to [Sec. 245D.09 MN Statutes](#).
- B. Before having unsupervised direct contact with a person served, EON, Inc. will provide instruction on prohibited procedures that address the following:
 1. What constitutes the use of restraint, time out, seclusion, and chemical restraint;
 2. Staff responsibilities related to ensuring prohibited procedures are not used;
 3. Why such prohibited procedures are not effective for reducing or eliminating symptoms or undesired behavior;
 4. Why prohibited procedures are not safe; and
 5. The safe and correct use of manual restraint on an emergency basis according to the requirements in the 245D HCBS Standards, section [245D.061](#) and this policy.

- C. Within 60 days of hire EON, Inc. must provide instruction on the following topics:
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 the program on an emergency basis (**Only for 525 HIGH DRIVE, 110 KNOLLCREST, 1021 CALEDONIA, 716 PAGE, 307 N BROAD ST., 900 HOPE STREET, and 101 GLENWOOD AVE.) Not applicable for other sites;**
 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; and
 8. Relationship building.
- D. For staff that are responsible to develop, implement, monitor, supervise or evaluate (positive support strategies, Positive Support Transition Plans or EUMR), the staff must complete core training prior to assuming these responsibilities. Core training requirements include:
1. 8 Hours; demonstrate competency and knowledge;
 2. Relationship building;
 3. De-escalation techniques and their value;
 4. Principles of person-centered service planning and delivery;
 5. Positive support strategy principles;
 6. What constitutes use of restraint, time out and seclusion;
 7. Safe and correct use of EUMR;
 8. Restrictive, prohibited, restricted, and permitted procedures;
 9. Situations when to call 911;
 10. Procedures and forms related to rule;
 11. Notification procedures for use of restrictive interventions;
 12. Understanding of person and how to implement person's plans;
 13. Cultural competence; and
 14. Staff accountability and self-care strategies.
- E. Prior to assuming these responsibilities, staff who develop positive support strategies, license holders, executives, managers, and owners in non-clinical roles. Function-Specific Training includes:
1. Complete four additional hours of training;
 2. Functional behavior assessments;
 3. How to apply person-centered planning;

4. How to design and use data systems to measure effectiveness of care;
 5. Supervision;
 6. How to train, coach and evaluate staff; and
 7. Encourage effective communication with the person and the person's support team.
- F. Prior to assuming these responsibilities, license holders, executives, managers, and owners in non-clinical roles. Function-Specific Training includes:
1. Complete additional two hours of training.
 2. How to include staff in organization decisions.
 3. Management of the organization based on person-centered thinking and practices.
 4. Evaluation of organizational training as it applies to measurement of behavior change and improved outcomes for persons receiving services.
- I. Annually, staff must complete four hours of refresher training from D, E, and F from above. Staff complete trainings that are applicable to their responsibilities.
- G. Training on these topics received from other sources may count toward these requirements if received in the 12-month period before the staff person's date of hire.
- H. EON, Inc. will maintain documentation of the training received and of each staff person's competency in each staff person's personnel record.

EON, Inc. Forms

Emergency Use of Manual Restraint Monitoring Form and Reporting for BIRF

Internal Review (Therap GER: State Specific Information, Minnesota- 245D Incident Report form)

DHS Forms

Behavioral Intervention Reporting Form (BIRF) <https://edocs.dhs.state.mn.us/lfserver/Secure/DHS-5148-ENG>

Positive Support Transition Plan <https://edocs.dhs.state.mn.us/lfserver/Public/DHS-6810-ENG>

Positive Support Transition Review <https://edocs.dhs.state.mn.us/lfserver/Public/DHS-6810A-ENG>