



EMERGENCY USE OF MANUAL RESTRAINTS FOR BASIC SERVICES

Lifeworks Services, Inc.
Basic Services. New Employee Training

April 2017

Learning Objectives

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- The history and ineffectiveness of the using manual restraints
- Positive support strategies and de-escalation techniques
- Scope of Use at Lifeworks: Permitted, Restricted and Prohibited Procedures

Learning Objectives

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- Understanding the threshold for using an Emergency Use of Manual Restraint:
 - ▣ What to monitor during an EUMR
 - ▣ How to document and report the use of an EUMR and other significant incidents.

History of Institutions

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<http://mn.gov/mnddc/past/index.html>

History of Institutions

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Quarters were so overcrowded that residents had to crawl over the footboards to get in and out of bed.

Minnesota had over 20 institutions in the 1900's. Manual restraints were a poor solution to overpopulated facilities and inadequate numbers of staff.

Photo from *With an Eye To the Past: MN Governor's Council of Developmental Disabilities*

History of Institutions

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**With residents
outnumbering staff
100 to 1, personal
attention was
impossible.**

Photo from With an Eye To the Past: MN
Governor's Council of Developmental
Disabilities

History of Institutions

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Some facilities routinely operated at 60% over capacity.

The report on hospital conditions showed that Faribault, one of the largest state hospitals, was more than 60 percent over capacity. The Cambridge facility was grappling with a similar problem, housing twice as many residents as allowed.

By 1954, the waiting list - which had alarmed Governor Hubbard in 1883 when it had 59 children on it - had exploded to include 884 children. Projections indicated that another 400 would be added over the next three years.

Photo and text from *With an Eye To the Past: MN Governor's Council of Developmental Disabilities*

History of Using Manual Restraints

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There is no evidence that the use of manual restraints improves the number or intensity of challenging behaviors .

There is also no evidence in medical research that manual restraints enable people to learn self-management skills to change their own behavior in a way that is promotes their own well being.

[Photo from Christmas in Purgatory](#)

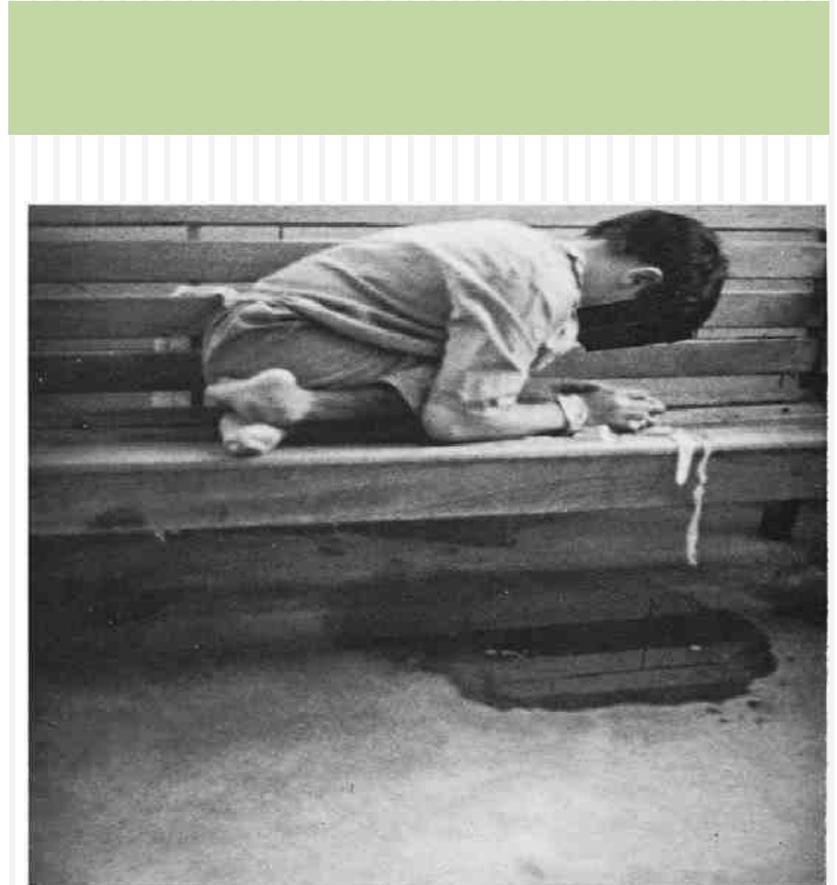


History of Using Manual Restraints

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There is also ample research that demonstrates the physical risk and harm done to people via mechanical and manual restraints.

Photo from Christmas in Purgatory



History of Using Manual Restraints

Medical conditions such as asthma, seizure disorders, lung abscesses, and heart disease put people at a higher risk for a health crisis if they were to be restrained when upset. Furthermore, people consistently demonstrate that they became more upset while being restrained and are not able calm themselves while being restrained.

History of Using Manual Restraints

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The Jensen Settlement

http://www.mn.gov/mnddc/meto_settlement/index.html



METO and the Jensen Settlement

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Complaints from parents of residents resulted in an Ombudsman investigation of the METO program in Cambridge Minnesota in 2007. It was revealed that people receiving services at METO were being routinely restrained in a prone, face down position and placed in metal handcuffs and leg hobbles.

- Just Plain Wrong: Excessive use of restraints and law enforcement style devices on Developmentally Disabled residents at the MN DHS – Minnesota Extended Treatment Program, Cambridge, MN (September 2008)

METO and the Jensen Settlement

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METO policies stated the people could not be restrained more than 50 minutes. During the investigation, it was discovered that people were restrained for 50 minutes and then the staff would continue the restraint, and document it on a different restraint use form without indicating that it was a continuation of a previous restraint.

- Just Plain Wrong: Excessive use of restraints and law enforcement style devices on Developmentally Disabled residents at the MN DHS – Minnesota Extended Treatment Program, Cambridge, MN (September 2008)

METO and the Jensen Settlement

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METO staff reported that the people at METO are “the most difficult and the most dangerous” persons to serve. Another staff described them as the “worst of the worst”...it was clear that the philosophy of the program was that the use of restraints was the only treatment method for difficult behaviors which is contrary to the generally accepted practice of positive behavioral supports.

- Just Plain Wrong: Excessive use of restraints and law enforcement style devices on Developmentally Disabled residents at the MN DHS – Minnesota Extended Treatment Program, Cambridge, MN (September 2008)

METO and the Jensen Settlement

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Not one staff person at METO said “This is wrong and we should stop.”

The “group think” that occurred at METO was a result of an abuse of power and influence ; a lack of training and awareness of human rights; and a belief that the people receiving services brought this on themselves despite having a disability that limited the ability to reason and learn appropriate behavior on their own.

METO and the Jensen Settlement

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A lawsuit was filed in July 2009.

The complaint was that the METO residents were unlawfully and unconstitutionally secluded and restrained.

METO closed June 30, 2011



Rule 40's were abolished in Minnesota.

No restraints are used unless a person is in imminent danger of hurting themselves or others

Positive support strategies must be implemented to support people.

We All Behave

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- Understand that behavior serves a specific purpose for us
 - ▣ To gain or access something
 - ▣ To end or avoid something

“Bad Behavior” is a Myth

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- Behaviors are not the individuals problem, it is their solution. Societal norms determine “good” or “bad” behavior, not the behavior itself.
- Appropriate behavior is often not noticed. We can do better.
- Behaviors do not challenge those exhibiting them, they work for them. The behaviors challenge us.
- Behaviors become an issue when they happen
 - ▣ Too much
 - ▣ Too little
 - ▣ In the wrong context

▣ From Wendy Selnes

De-escalation Techniques

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De-escalation Techniques

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- ❑ Model appropriate response: take a deep breath with someone.
- ❑ Redirection – shift focus
- ❑ Maintain adequate personal space
- ❑ Listen to what the person means
- ❑ Maintain steady tone and volume of voice
- ❑ Don't take behavior personally
- ❑ Reinforce positive behavior

De-escalation Techniques

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Self-Awareness

What do you do when you're agitated or upset?

You have de-escalation techniques you use with yourself – what are they?

De-escalation Techniques

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Why Do We Enter Into a Power Struggle with people?

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- We may think we gave a rational answer but we did not.
- We want to be right and we don't want to be wrong.
- We ask people to do things against their will because "it's for their own good."
- We neglect to consider other solutions or methods that could accomplish the same goal.
- Personality Type: Not everyone with a disability has to like you
- We think we are in charge and others should mind us.

Avoiding the Struggle

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- **What is the Goal?**
- **Be Clear**
- **Offer Choices**

Avoiding the Struggle

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□ **Redirection**

- Focus on topic – what is the goal?
- Do not need to fight or give in
- Do not need to be right.

Set Limits

- Simple and clear directions
- Be Reasonable – do not make it too hard because you are frustrated.
- It needs to be doable
- No ultimatums: This or else will not work.
- Positive first: “You’re doing great. Now you can _____.”
- Offer choices and explain natural outcomes from decisions

Permitted, Restricted, and
Prohibited
Actions and Procedures

Permitted Instructional Techniques

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- Use of the following instructional techniques and intervention procedures used on an intermittent or continuous basis are permitted. When permitted techniques are used on a continuous basis, it must be addressed in a person's CSSP Addendum.

Permitted Instructional Techniques

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Positive verbal correction that is specifically focused on the behavior being addressed.

Temporary withholding or removal of objects being used to hurt self or others, the equipment or device must be returned to the person as soon as imminent risk of injury or serious damage has passed.

Permitted Instructional Techniques

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Physical contact or instructional techniques must use the least restrictive alternative possible to meet the needs of the person and may be used to.....

Permitted Instructional Techniques

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Calm

Protect

Facilitate Movement

Block or Redirect

Permitted Instructional Techniques

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Calm: calm or comfort a person by holding them with no resistance from that person

Protect: protect a person known to be at risk or injury due to frequent falls as a result of a medical condition

Permitted Instructional Techniques

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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.

Voluntary self removal: for the purposes of calming, prevention of escalation or de-escalation of behavior. Individual may not be coerced, forced or compelled to remove self.

Permitted Instructional Techniques

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Facilitate Movement: facilitate the person's completion of a task or response when the person does not resist or the resistance is minimal in intensity and duration.

Block or Redirect Person's Body: briefly block or redirect a person's limbs or body without holding or limiting their 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.

Restricted Intervention Techniques

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Medical Treatment: 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;

Safe Evacuation in an Emergency: 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;

Restricted Intervention Techniques

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Repositioning: position a person with physical disabilities in a manner specified in their CSSP Addendum.

Adaptive devices for medical conditions: 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.

Lifeworks does not allow the use of manual restraints in the case of an emergency in Basic Services (Personal Support and Respite.)

Report use of any restraints.

- If a manual restraint is used during an emergency or a situation with imminent danger, it is considered an incident and should be reported on the incident report form and submitted to Lifeworks.

Alternatives Measures to Maintain Safety in Emergencies

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- ❑ Continue to utilize the positive support strategies that work for the individual and are identified in CSSP addendum.
- ❑ Block or redirect a person's limbs from making contact
- ❑ Use pillows or other soft objects to cushion blows
- ❑ Suggest that someone take time to relax in a manner that has worked for them previously.
- ❑ Suggest that someone take a walk or leave an area that is creating anxiety for the person.
- ❑ Suggest others move to a different area to put space between them and the agitated person
- ❑ Call 911

Conditions for Emergency Use of Manual Restraint according to MN 245D

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Emergency use of manual restraint must meet the following conditions:

- Immediate intervention must be needed to protect the person or others from imminent risk of physical harm;
- type of manual restraint used must be the least restrictive intervention to eliminate the immediate risk of harm and effectively achieve safety; and
- manual restraint must end when the threat of harm ends.

Conditions for Emergency Use of Manual Restraint according to MN 245D

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Circumstances that are not conditions for Emergency Use of Manual Restraints

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- The person is engaging in property destruction that does not cause imminent risk of physical harm;
- the person is engaging in verbal aggression with staff or others; or
- a person's refusal to receive or participate in treatment or programming.

Conditions that are not conditions for Emergency Use of Manual Restraints

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- Under these conditions listed previously, a staff person would use positive support interventions and permitted procedures to support the person.

Prohibited Procedures

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All of the following procedures are prohibited 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:

- ❑ Chemical restraint (e.g. noxious smells)
- ❑ Mechanical restraint (e.g. binding someone's hands)
- ❑ Manual restraint (e.g. holding someone back from crossing the room)
- ❑ Time out (e.g. "stay in here until you can behave")
- ❑ Seclusion (e.g. supervised confinement of someone kept alone)
- ❑ Or any aversive or deprivation procedure

Prohibited Procedures

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Deprivation procedures are the removal of a positive reinforcement following a response resulting in, or intended to result in, a decrease in the frequency, duration, or intensity of that response. Often times the positive reinforcement 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 reinforcement.

Prohibited Procedures

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Examples of deprivation procedures are:

A person didn't finish an activity and is not allowed to have (i.e. deprived from) a soda

OR

in order to have a soda to drink, a person must complete an activity in order to “earn” the soda.

Prohibited Procedures

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Emergency use of manual restraint must not be:

- Implemented with a child in a manner that constitutes sexual abuse, neglect, physical abuse, or mental injury;
- Implemented with an adult in a manner that constitutes abuse or neglect;

Prohibited Procedures

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- ❑ May not 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;
- ❑ May not restrict a person's normal access to any protection required by state licensing standards and federal regulations governing this program;

Prohibited Procedures

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Must not be....

- Implemented in a manner that violates a person's rights and protection;
- Implemented in a manner that is medically or psychologically contraindicated for a person;
- Implemented by untrained staff.

Prohibited Procedures

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- ❑ May not 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;
- ❑ May not restrict a person's normal access to any protection required by state licensing standards and federal regulations governing this program;

Prohibited Procedures

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- May not deny a person visitation or ordinary contact with legal counsel, a legal representative, or next of kin;
- May not 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;

Prohibited Procedures

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- Never 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

Prohibited Procedures

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- ❑ Never apply back or chest pressure while a person is in a prone or supine (meaning a face-up) position.

Monitoring Health & Safety during an Emergency Manual Restraint

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- Staff must ensure the health and safety of person being restrained by monitoring the mental, physical and emotional condition of the person and intervening if person's health and safety is compromised.
 - Watch for changes in skin tone, aggravated breathing, shortness of breath, increased agitation, and finally, listen to what the person is saying and meaning.

Staff must report emergency use of manual restraint within 24 hours of event.

Staff must report emergency use of manual restraint within 24 hours of receipt or knowledge of emergency use of a manual restraint.

Follow the step by step instructions to report the emergency use of a manual restraint in the EUMR Policy and Procedure for Basic Services.

Positive Support Transition Plans are plans that lay out the positive support strategies to use with a person to reduce behaviors that interfere with his or her ability to fully access the five valued experiences.

A Positive Support Transition Plan is required for a person who has been subjected to 3 incidents of emergency use of manual restraint within 90 days or 4 within 180 days.

A plan maybe needed for a person in order to:
Eliminate the use of prohibited procedures as identified in this policy.

Avoid the emergency use of manual restraint as identified in this policy.

Prevent the person from physically harming self or others.

A plan maybe needed for a person in order to:

Phase out any existing plans for the emergency or programmatic use of restrictive interventions procedures are the removal of a positive reinforcement following a response resulting in, or intended to result in, a decrease in the frequency, duration, or intensity of that response.

Often times the positive reinforcement 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 reinforcement.

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THANK YOU