



# DELAWARE HEALTH AND SOCIAL SERVICES

## Division of Developmental Disabilities Services

**Title:** Use of Restraints and Restrictive  
Procedures for Behavior Support

**Approved By:**

  
Division Director

**Date of Origin:** October 7, 2015

**Revised:** \_\_\_\_\_

**I. PURPOSE:**

To identify required parameters and oversight for the use of restraints and restrictive procedures as they may apply to individuals funded by the Division of Developmental Disabilities Services (DDDS) living in the community.

**II. POLICY:**

It shall be the policy that restraints and restrictive procedures shall only be used after less intrusive techniques have been attempted and proven inadequate.

**III. APPLICATION:**

DDDS Community Services Employees  
DDDS Authorized Service Providers

**IV. STANDARDS:**

A. The following are prohibited practices:

1. Aversive Interventions
2. Seclusion
3. Denial of nutritionally adequate diet (withholding meals)
4. Any behavior treatment strategies that are not supported by empirical evidence
5. Any restrictive interventions that intend to control, manage, or change behavior that is not part of an approved behavior support plan
6. Mechanical Restraints
7. Chemical Restraint
8. The use of Bed Rails
9. The use of Enclosed Cribs
10. The use of Behavior Modifying Medications without a formal assessment and diagnosis of a corresponding mental health disorder by a medical professional.

B. Restrictive interventions must be limited to addressing the behavior that is potentially dangerous to the individual or others in the immediate area, and can only be applied when less intrusive interventions have been unsuccessfully attempted. Restrictive Interventions require PROBIS review.

- C. The Restrictive Intervention is also reviewed by the Human Rights Committee (HRC) to ensure the protection of the rights of the individual.
- D. The use of restrictive interventions is a decision made by the individual, the Support Team, Health Care Surrogate, and/or Guardian.
- E. Other than during the Emergency Crisis Intervention, all planned physical restraints and restrictive procedures (except for Behavior Modifying Medications) cannot be implemented until incorporated into the Behavior Health Support Plan that is approved by PROBIS.
- F. The use of restrictive and/or planned physical restraint interventions shall be a detailed planned procedure identified in the Behavior Health Support Plan that shall include:
  - 1. A summary of the functional assessment to identify suspected antecedents and functions of the behavior.
  - 2. The single behavior outcome desired stated in observable or measurable terms.
  - 3. The specific targeted behavior to be addressed and a description of the conditions for which the restrictive intervention is used.
  - 4. A description of less intrusive techniques used prior to the use of the restrictive interventions.
  - 5. Methods and target dates for modifying or eliminating the target behavior.
  - 6. Methods and target dates for a replacement behavior.
  - 7. A description of the intervention to be used.
  - 8. A Risk Benefit Analysis.
  - 9. Medical clearance if appropriate.
  - 10. Informed Consent from the individual, Health Care Surrogate, and/ or Guardian.
  - 11. The name of the Behavior Analyst responsible for monitoring and documenting the response to the planned restrictive intervention.
  - 12. A plan for reducing and/or eliminating the restriction or planned restraint written within the Behavior Health Support Plan, and if appropriate a detailed explanation and justification for continuing the planned restraint or restrictive intervention.
- G. Emergency Crisis Intervention:
  - 1. When an emergency crisis intervention is necessary, only physical restraint techniques that are taught as part of a DDDS approved Crisis Intervention Curriculum are permitted to be used.
  - 2. Physical restraint techniques must be terminated **immediately** if:
    - a. the individual exhibits signs of distress (i.e. respiratory distress, seizure activity, vomiting, bleeding, change of skin coloring, etc.);
    - b. the individual is no longer a risk to himself/herself or others.

3. If the use of an Emergency Crisis Intervention planned or unplanned is used, an EMBIS report must be completed by the staff involved. The Behavior Analyst must review the report for completeness and seek clarification of any issues noted. The support team must meet within 5 business days to discuss the individuals plan and circumstances surrounding the use of the intervention and develop a new plan or modify the behavior support plan if necessary. The Behavior Analyst will notify PROBIS to be placed on the agenda then present the EMBIS to PROBIS at the next scheduled meeting;
4. The 911 emergency response systems shall only be used as a last resort or as intensity requires protecting the health and safety of the individual;
5. Suicide threats shall be responded to as an emergency and 911 shall be contacted. If a written plan of intervention exists for the individual, staff shall follow it.

## V. DEFINITIONS:

### Aversive Interventions

Interventions intended to inflict pain, discomfort and/or social humiliation or any intervention as perceived by the person to inflict pain, discomfort or social humiliation in order to reduce behavior. Examples of aversive interventions include, but are not limited to, electric skin shock, liquid spray to one's face and strong, non-preferred taste applied to the mouth. (NASDDDS Research Committee-11/11/2014)

### Behavior Support Plan

A person-focused, positive behavior intervention document of behavior and/or mental health supports developed from a functional assessment based on a foundation of positive, proactive values to aid the individual in striding towards his/her goals and objectives in life with minimal interference from behaviors that impede his/her progress.

### Chemical Restraint

A single dose of a medication administered in response to an unanticipated urgent situation, with the intent of immobilizing an individual and managing an already occurring event such as aggressive behavior that is placing the individual or others in imminent danger of physical harm. (Board of Nursing 2014)

### Crisis Prevention/ Crisis Intervention Curriculum

A DDDS approved curriculum that provides instruction in the use of positive behavior supports, crisis prevention, and crisis intervention techniques.

### Emergency Medical/Behavior Intervention Strategies Form (EMBIS)

A standardized form used to document the use of an Emergency physical restraint, and/or a behavior intervention strategy approved in the plan such as a planned emergency physical restraint, or a planned emergency PRN medication intervention.

### Emergency/Crisis Intervention

The unplanned use of an intervention that is deemed necessary to address an emergency/crisis. An emergency is defined as an unanticipated and already occurring event that is placing the individual or others in imminent danger. Only those Crisis Interventions techniques included in a DDDS approved crisis intervention curriculum shall be used.

### Functional Behavior Assessment

Is an instrumental process to gaining an understanding of why problem behavior occurs. The goal is to identify what the person is trying to communicate and/or identify medical and psychiatric issues. (NASDDDS Research Committee-11/11/2014)

### Health Care Surrogate

Means the individual who has the highest priority to act for the patient under Delaware law. Delaware law presumes a person has decision-making capacity until a physician determines that a patient does not have decision-making capacity. The hierarchy under Delaware Law to act as the authorized-representative for a person without decision-making capacity is as follows:

- The court-appointed Guardian, only with the appropriate authority;
- The patient's most recently appointed Agent in an Advance Health Care Directive or Health Care Power of Attorney, only with the appropriate authority;
- If there is no Guardian or Agent or if the designated Guardian or Agent is unavailable, or if the patient revoked an Advance Health Care Directive pursuant to 16 Del.C. § 2504, the Surrogate Statute applies and will allow either the individual named by the patient prior to losing decision-making capacity or if none, the individual recognized by the Surrogate Statute, 16 Del.C. § 2507, to act. <http://delcode.delaware.gov/title16/c025/index.shtml>.

### Health Related Supports

Supports ordered or designed by a Therapist and approved by a Physician for the purposes of treating a medical disorder/condition, or preventing injuries that could occur because of a medical condition. Health Related Supports (such as wheelchair seatbelts or harnesses, splints, helmets, mitts) must first have the permission of the individual prior to application; therefore, it cannot be forced upon him/her. In addition, Health Related Supports are required to be designed so that the individual can freely remove the device and/or staff, family/guardian can assist in the removal of the device at the individual's request. Using Health Related Supports as Mechanical Restraints for the purposes of addressing behavior challenges is prohibited.

### Human Rights Committee (HRC)

A group of people who are not employees of DDDS who provide monitoring to assure the protection of legal and human rights of Individuals with Intellectual Disabilities. The membership may include physicians, lawyers, parents or other volunteers. A DDDS employee shall act as a liaison between HRC and the regional offices.

### Informed Consent

The consent of a patient to the performance of health care services by a health care provider who has informed the patient both verbally and in writing, to an extent reasonably comprehensible to general lay understanding, of the nature of the proposed procedure or treatment and of the risks and alternatives to treatment which a reasonable patient would consider material to the decision whether or not to undergo the treatment. The patient must understand the information provided by the health care provider. (Title 16, Chapter 55, subsection 5530 (b))

### Mechanical Restraint

The use of any equipment, material, or mechanical device attached or adjacent to an individual's body that he/she cannot remove easily that restricts the freedom of movement or normal functioning of the whole body or a portion of the body. Mechanical restraints do not include the use of medically necessary devices for the purposes of physical support or prevention of injury because of a medical condition.

### Physical Intervention

Any manually applied physical intervention taught in a DDDS approved Crisis Intervention Curriculum that requires the body positioning of an individual restricting the freedom of movement or normal access to one's own bodily movements in which the individual cannot release himself/herself easily. All medical conditions must be taken into consideration when applying a Physical Intervention. Health Related Supports, for the purpose of this policy, are not considered Physical Interventions.

### Planning / Support Team

Includes the individual and the people who are important in their life, at the very minimum, all planning and support teams shall include the individual who is receiving supports, his or her guardian if applicable, and the persons who the individual request to be involved in the individual planning process.

### Positive Behavior Supports

An integrated approach to teach an individual adaptive and socially appropriate skills and competencies. Supports may include teaching strategies and/or environmental supports to increase adaptive behaviors. These approaches must treat individuals in a respectful, age-appropriate manner, and should be built into the individual's daily life. (NASDDDS Research Committee -11/11//2014)

### PRN Medication Intervention

A single dose of medication administered in response to an unanticipated urgent situation given on an as needed basis as a strategy to prevent or decrease a psychiatric crisis or behavior issue as written in a Behavior Health Support Plan and ordered by a medical professional. The PRN cannot be used to immobilize the individual. (see Chemical Restraint)

### Peer Review of Behavior Intervention Strategies (PROBIS)

The DDDS approved peer review committee, appointed by the Division Director or designee, charged with the review and approval of the Behavior Health Support Plan. Individuals on the PROBIS committee should have knowledge and experience in the field of psychology, behavior science, and or practical experience with developing Behavior Health Support Plans.

### Restrictive Intervention

Restrictive Intervention is defined in the Disabilities Act to mean ‘any intervention that is used to restrict the rights or freedom of movement of a person with an intellectual disability including chemical restraint, mechanical restraint and seclusion’. (Disability Act 2006)

### Risk Benefit Analysis

A method that addresses the question of whether a risk is “acceptable.” This question is raised in the context of clinical decision-making: the analysis requires a comprehensive estimation and evaluation of risks and benefits, highlighting the trade-offs between the two that inform a decision maker. Such analysis also entails a careful quantification of the costs associated with a proposed program for reducing or avoiding risks. (In part - New England Journal of Medicine, April 2002; 346)

### Target Behavior

Any observable and measurable behavior that is the focus for the analysis and intervention in the Behavior Health Support Plan.

## **VII. REFERENCES:**

- Behavior Analyst Manual
- Behavior Modifying Medications Procedure
- Disability Act 2006
- Human Rights Committee Policy
- Incident Reporting Policy
- NASDDDS Research Committee: 11/11/2014
- Title 16, Chapter 55, subsection 5530 (b)
- Surrogate Statute, 16 Del.C. § 2507
- PROBIS Policy
- Behavior Support Policy
- New England Journal of Medicine, April 2002; 346