STATE OF HAWAII
DEPARTMENT OF HEALTH
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DEVELOPMENTAL DISABILITIES DIVISION

TITLE: Restrictive Interventions Policy #2.02

BACKGROUND:

When a participant presents behaviors that places him/her at imminent risk of hurting themselves or others where steps must be taken to prevent harm, positive behavior supports (PBS) shall be used, whenever possible, to decrease the behaviors that pose risk to the person or others, and prevent the need for restrictive interventions *(refer to Policy 2.01, Positive Behavioral Supports)*. When PBS techniques have been used and are not effective in resolving the immediate risk of harm, restrictive interventions that involve temporary restrictions may be necessary. Behavioral support plans (BSP) containing restrictive interventions are the least desirable approach to supporting participants and should only be utilized for the protection of the participant and others.

PURPOSE:

The purpose of this policy is to ensure that participants are supported in a caring and responsive manner that promotes dignity, respect, trust and free from abuse. Participants have all the same rights and personal freedoms granted to people without disabilities. This shall be accomplished by ensuring that:

- PBS methods are the primary interventions used to maintain the safety of participants and others, promote the independence of participants, and safely support participants who engage in challenging behavior;
- Services, supports, and/or BSPs are based on a thorough understanding of the participant and the reason why they are engaging in a challenging behavior (i.e., the function of the behavior);
- A pattern of behavior escalation has been identified and the BSP includes corresponding, least restrictive interventions to prevent or minimize the escalation of the challenging behavior at each phase to prevent imminent risk of harm;
- Restrictive measures are used only after PBS and/or less restrictive interventions were tried and documentation demonstrates that these interventions were ineffective at reducing the risk of imminent harm to the participant or others;
- Opportunities are provided for participants to exercise choice in matters affecting their everyday lives and are supported in choices that yield positive outcomes; and
- The Developmental Disabilities Division (DDD) system in Hawaii moves to a trauma-informed system, free from the use of restraints and restrictive interventions.

DEFINITIONS:

"Aversive Procedures" means procedures intended to inflict pain, discomfort and/or social humiliation in order to modify behavior. These include, but are not limited to, electric skin shock, liquid spray to one's face, and strong, non-preferred tastes applied in the mouth. **Aversive Procedures are prohibited and shall not be used with participants.**

"Behavior Support Plan" or "BSP" is a written plan for the team members who are supporting the person who is engaging in behaviors perceived as challenging. The BSP outlines:

1. Steps that will be taken by the members of the person's team to modify the physical environment;
2. What replacement skills should be taught to the participant as well as how to do so;
3. Ways in which team members should respond to challenging behaviors; and
4. Ways in which team members can decrease the likelihood of challenging behaviors.

The BSP is developed based on the results of a Functional Behavior Assessment (see definition below). As BSPs include Positive Behavior Support approaches (see definition below), a BSP may also be referred to as Positive Behavior Support Plan or PBS Plan.

"Functional Behavior Assessment" or "FBA" means the process of determining the functions, or reasons why a person is engaging in challenging behaviors, and to understand the conditions in which challenging behaviors occur. The FBA involves collecting data to identify patterns or trends and to develop a hypothesis of conditions that trigger and/or maintain these behaviors prior to developing a behavior support plan.

"Overcorrection" is a behavioral intervention used to decrease an undesired behavior by having the individual either restore the environment to an improved state vastly better than it was prior to the undesired behavior (e.g., cleaning or fixing the environment) and/or repeatedly performing the appropriate way to do a behavior as a result of engaging in the undesirable behavior (e.g., repeatedly closing the door in an appropriate manner as opposed to slamming it closed or repeatedly requesting someone's attention by saying their name in an appropriate manner as opposed to throwing an item at them). **Overcorrection is prohibited and shall not be utilized with participants.**

"Positive Behavior Supports" or "PBS" is a process for addressing challenging behaviors by understanding the relationships between a person's behavior, communication, and aspects of his or her environment. It offers strategies to modify the environment and interactions in order to prevent the occurrence of these behaviors; teaches skills to replace challenging behaviors; outlines responses to challenging behaviors to reduce the likelihood that these behaviors will reoccur in the future; and offers proactive and functional strategies to promote a positive lifestyle change. Positive Behavior Supports strategies are included in Behavior Support Plans (BSPs).

"Provider" means any individual or agency delivering a service authorized through DDD inclusive of consumer directed services.

"Restraint" means a physical, chemical or mechanical intervention used as a last resort on an emergency basis to protect the participants from imminent harm to themselves and/or others using the least restrictive intervention possible and for the shortest duration necessary.

THE FOLLOWING ARE NOT CONSIDERED RESTRAINTS:

- Interventions used for the purpose of conducting routine physical or dental examination or diagnostic tests or completing a medical or dental treatment procedure;
- A device used to protect the participant's safety as indicated in the Individualized Service Plan (ISP) per a physician's recommendation and reviewed by the Behavior Support Review Committee (BSRC); or
- Vehicular passenger restraint systems required by state law (HRS §291-11.6).

1. **"Chemical Restraint"** means a psychotropic medication prescribed by a licensed health care professional with prescriptive authority:
   a. On a routine basis without an appropriate Diagnostic and Statistical Manual (DSM) diagnosis for the purpose of behavioral control; or
   b. Incidental use of medications, sometimes called PRN or as needed medication, to restrict the freedom of movement or temporarily sedate the individual.

THE FOLLOWING ARE NOT CONSIDERED CHEMICAL RESTRAINTS:

- Medications prescribed for the treatment of a diagnosed disorder found in the current version of the American Psychiatric Association's Diagnostic and Statistical Manual (DSM);
- Adjusting the dose of a prescribed medication or prescribing a new medication to achieve better symptom control for the diagnostic disorder per the current DSM;
- Medications prescribed to control seizures; and
- Medications for medical or dental procedures.

2. **"Mechanical Restraint"** means an intervention involving a device, material or equipment that is involuntarily applied to the participant's body or immediate environment (i.e., wheelchair, chair, bed, toilet, vehicle, etc.) that immobilizes, restricts, limits, or reduces any bodily movement in emergency situations to prevent the participant from harming themselves or others. See definition of "Restraints" for interventions that are not considered a Mechanical Restraint.

3. **"Physical Restraint"** means an intervention in which physical force is applied to the participant and involuntarily restricts their freedom of movement or normal access to a portion or portions of their body. See definition of "Restraints" for interventions that are not considered a Physical Restraint.

"Restrictive Intervention" or "Restrictive Procedure" means a practice that limits a participant's freedom of movement, access to other locations, property, individuals, or rights. This includes, but is not limited to, Chemical, Mechanical, and Physical Restraints.

"Seclusion" means a restrictive intervention in which a person is involuntarily confined in a room or area from which they are prevented from having contact with others or leaving by closing a door or using another barrier. **Seclusion is prohibited and shall not be utilized with participants.**

POLICY:

This policy dictates that restrictive interventions are only to be used when a participant's behavior(s) pose an imminent risk of harm to themselves and/or others and less restrictive interventions have been attempted with limited effectiveness at reducing and/or replacing the challenging behavior. The restrictive interventions utilized must be the least restrictive method to address the challenging behavior and shall be terminated when there is no longer an imminent risk of harm and/or a less restrictive intervention would achieve the same purpose. This policy also describes which restrictive interventions are allowed and which are prohibited when providing services to participants, the circumstances under which allowed restrictive interventions may be used, and the requirements that must be met. The fundamental features of this policy specifies that restrictive interventions are:

- Only meant to address situations of imminent risk of harm.
- Not to be used as threats or punishment to change behavior as participants have the right to be free from any restrictive intervention imposed for the purpose of discipline, retaliation and/or staff convenience.
- Not therapeutic in nature nor designed to alter behavior in a long-term manner so should not be utilized with this intent.

When behavioral data and the Individualized Service Plan (ISP) team confirms an imminent risk of harm to the participant and/or others, and it is documented that less restrictive interventions have been attempted and deemed ineffective at decreasing the risk of harm, a BSP with restrictive intervention(s) may be developed that contains the following features:

- PBS methods as the primary interventions to safely address challenging behaviors and increase a participant's independence and integration into community activities.
- Restrictive interventions that are only used to protect the participant and/or others from imminent risk of harm after less restrictive interventions have been applied and deemed ineffective at addressing the challenging behavior, with appropriate documentation demonstrating their ineffectiveness.
- The specific conditions that warrant the use and removal of the restrictive intervention as well as procedures to restore the restricted right(s) of the participant following the use of a restrictive intervention.
- Strategies to prevent or minimize the challenging behaviors from occurring as well as identification of replacement skills that will be taught to the participant that serve the same function as the challenging behavior. Goals should also be identified in the BSP

that enhance the participant's overall quality of life so that treatment objectives are not limited to addressing challenging behaviors only.

- Specific instructions on how documentation and/or data collection should be completed following the use of a restrictive intervention. The staff involved in the application of the restrictive intervention shall debrief the incident with the service supervisor overseeing the BSP within 24 hours of the initial application of the restrictive intervention *(refer to page 8 of this policy for specific provider requirements following the use of a restrictive intervention)*. Adjustments to the BSP may be made by the author of the BSP or his/her designee if needed.
- A detailed plan for the eventual elimination of the restrictive intervention.

The procedures that are prohibited and shall not be used with participants include but are not limited to:

- Seclusions
- Aversive procedures involving:
  - Electric shock (excluding electroconvulsive therapy);
  - The non-accidental infliction of physical or bodily injury, pain, or impairment, including but not limited to hitting, slapping, causing burns or bruises, poisoning, or improper physical restraint;
  - Unpleasant tasting food or stimuli; and
  - Contingent application of any noxious substances which include but are not limited to noise, bad smells, or squirting a participant with any substance that is administered for the purpose of reducing the frequency or intensity of a behavior.
- The following types of restraints:
  - Restraints that cause pain or harm to participants. This includes restraint procedures such as arm twisting, finger bending, joint extensions or head locks;
  - Prone Restraints;
  - Supine Restraints;
  - Restraints that have the potential to inhibit or restrict a participant's ability to breathe; excessive pressure on the chest, lungs, sternum, and/or diaphragm of the participant; or any maneuver that puts weight or pressure on any artery, or otherwise obstructs or restricts circulation;
  - Restraint Chairs;
  - Restraint Boards;
  - Any maneuver that involves punching, hitting, poking, or shoving the participant;
  - Straddling or sitting on the torso;
  - Any technique that restrains a participant vertically, face first against a wall or post; and
  - Any maneuver where the head is used as a lever to control movement of other body parts.
- Interventions involving:
  - Verbal or demonstrative harm caused by oral, written language, or gestures with disparaging or derogatory implications;

- Psychological, mental, or emotional harm caused by unreasonable confinement, intimidation, humiliation, harassment, threats of punishment, or deprivation;
- Denial of food, beverage, shelter, bedding, sleep, physical comfort or access to a restroom as a consequence of behavior;
- The restriction or disablement of a communication device;
- Placing a participant in a room with no light;
- Overcorrection; and
- Removing, withholding or taking away money, incentives or activities previously earned.

PROCEDURES:

A. A BSP must define the target behaviors being addressed by the plan and be developed by a licensed professional in accordance with Hawaii state law following the completion of a Functional Behavioral Assessment (FBA). For specific details regarding the developmental criteria of a BSP, refer to *Policy 2.01, Positive Behavioral Supports*.

B. All staff who implement the BSP must comply with Hawaii state law. A licensed professional in accordance with Hawaii state law shall train on the implementation of the BSP and provide periodic monitoring of BSP implementation *(refer to Policy 2.01, Positive Behavioral Supports).* All provider staff who supervise the implementation of a BSP must demonstrate a level of competency on the BSP following training from the licensed professional who developed the plan in accordance with Hawaii state law.

C. If a restrictive intervention is included in a BSP to address a challenging behavior, such interventions are permitted only when PBS strategies and less restrictive interventions have been applied and documentation demonstrates that these interventions were ineffective. Refer to *Policy 2.03, Behavior Support Review*, for the DDD's requirement specifications for BSPs that include restrictive interventions as well as when review by the Behavior Support Review Committee is required.

D. The author of the BSP shall include a proposed training plan that should include: (1) when training of each individual in the participant's circle will occur (i.e., the projected date and timeframe), (2) what topics individuals will be trained on during a training session, (3) the individual's response to the training as well as any recommendations for follow-up trainings, and (4) how documentation of the training(s) will occur in the aforementioned areas. Documentation of the trainings received by the individual's circle, including how they responded to the training and any follow-up training recommendations, shall be maintained by the author of the BSP and available for review by the DDD. The initial review of and training on the BSP with all individuals in the participant's circle of support must be initiated by the author of the BSP within 7 calendar days of the completion date indicated on the BSP. If a review by the BSRC is required, a referral shall be made by the Case Manager to the BSRC within 30 calendar days of the date of completion indicated on the BSP report *(refer to Policy 2.03, Behavior Support Review).*

E. A BSP will be developed and implemented for all participants receiving more than a 1:1 staff ratio with services in place to address health and safety goals, with regards to reducing challenging behaviors. The BSP must include recommendations and specific measurable and objective criteria that indicates when a transition to a 1:1 staff ratio should commence and identify goals that are not only limited to address challenging behaviors but also goals that enhance the participant's overall quality of life.

When a restrictive intervention is proposed for use in a BSP by a licensed professional in accordance with Hawaii state law to address a challenging behavior, the BSP shall be written in accordance with the *Medicaid Waiver Standards Manual* which details the specific requirements for *each* restrictive intervention proposed for use.

F. Providers shall have:

1. Internal policies and procedures concerning restrictive interventions that are in accordance with state policies, and promote the use of positive behavior support approaches with the goal of eliminating the use of restrictive interventions;

2. A plan for recording and maintaining data on the use of restrictive interventions;

3. A plan for monitoring the outcomes of a restrictive intervention, its efficacy, and the continued need for its use in the BSP;

4. All staff who implement the BSP comply with Hawaii state law;
5. A licensed professional in accordance with Hawaii state law develop the BSP, train on the implementation of the BSP, and provide periodic monitoring of the implementation of the BSP *(refer to Policy 2.01, Positive Behavior Support)*;

6. The staff administering the restrictive intervention be trained on the participant's BSP by the licensed professional who developed the plan. The initial training of all interventions proposed for use in the BSP shall occur in person with the author of the BSP and the individuals who will be implementing the BSP. Training should be received both prior to providing services to the participant and on an ongoing basis throughout the duration of services provided to the participant. Only specific restrictive interventions proposed for use in the BSP to address a specific behavior can be utilized. Documentation of the training received by the staff administering the restrictive intervention, including their response to the training(s) and recommendations for follow-up trainings, shall be maintained by the author of the BSP. Documentation of the supervision received by staff should be maintained in the provider agency's files. Both shall be available for review by the DDD;

7. Staff who provide services to participants whose treatment plans include restrictive intervention(s) trained in a nationally-recognized curricula approved by DDD. A component of these curricula includes de-escalation and re-direction techniques to be used prior to a restraint as well as crisis management and intervention techniques. In

addition, staff must be trained on the participant's individualized BSP which focuses on utilizing non-aversive methods as a primary intervention;

8. A copy of the BSP at the site where services for the participants are provided; and

9. Written consent for the BSP from the participant, guardian and/or care team.

G. During the use of a restrictive intervention, providers shall ensure that:

1. The participant is monitored for health and safety throughout the duration of the restrictive intervention with staff being continuously present and observing the participant's condition. This includes, but is not limited to, monitoring the participant's breathing, consciousness and pain;

2. Mechanical and/or Physical Restraints are terminated immediately after the imminent risk of harm to self or others is no longer present;

3. The start time and end time of the application and removal of a Mechanical and/or Physical Restraint are documented;

4. Participants who are administered a chemical restraint must also be monitored for side effects or adverse effects of medication until effects of medications have ended; and

5. For Chemical Restraints used to address imminent risk of harm as outlined in a BSP, the time the medication was administered must be documented and staff must monitor the health and safety of the participant. Chemical Restraints shall not be used as a preventative intervention and shall be used in accordance with the prescribing physician's orders.

H. After a restrictive intervention is implemented, providers shall complete:

1. Documentation of:

a. The type of restrictive intervention used;

b. The location of the intervention;

c. The people involved in the intervention;

d. The time that the restrictive intervention was initiated and terminated; and

e. The events proceeding and following the restrictive intervention. This shall include but not be limited to:

1) Antecedent(s) to the challenging behavior, including environmental and other contributing factors;

2) Less restrictive interventions that were attempted and deemed ineffective at reducing the risk of harm, including the results of those interventions;

3) Consequences of the restrictive intervention; and

4) How the restricted rights of participant were restored.

2. An Adverse Event Report (AER) and submit to DDD. Any use of restraints are considered an adverse event and submission of an AER is required in accordance with *Policy 3.07, Adverse Event Report for People Receiving Developmental Disabilities Division Services.* Seclusion is prohibited by the DDD. If Seclusion is utilized to address a challenging behavior, it is considered an adverse event and submission of an AER is required.

I. Debriefing with all staff involved in the application of the restrictive intervention shall occur with the Service Supervisor overseeing the BSP within 24 hours of the initial application of the restrictive intervention. This purpose of this debriefing is to:

1. Provide specific instructions on how documentation and/or data collection will be completed following the use of a restrictive intervention;

2. Assess what was effective and ineffective with regards to the interventions used throughout the escalation of the behavior;

3. Determine what could have been done before, during, and/or after the restrictive intervention to minimize the likelihood of the challenging behavior and/or prevent the risk of harm;

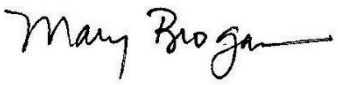
4. Assess how the safety and well-being of the participant was monitored throughout the application of the restrictive intervention;

5. Determine antecedent-based interventions that should be utilized in the future to minimize the likelihood of the challenging behavior from occurring; and

Adjustments to the BSP may be made by the author of the BSP or his/her designee, if needed, based on the findings of this debriefing.

AUTHORITATIVE & OTHER REFERENCES:

1. Chapter 465D, HRS "Behavior Analysts": http://www.capitol.hawaii.gov/hrscurrent/Vol10_Ch0436-0474/HRS0465D/HRS_0465D-.htm.[1]
2. Cooper, J.O., Heron, T.E., & Heward, W.L. (2007). *Applied Behavior Analysis, 2nd Edition*. Saddle River, NJ: Pearson Publishing.
3. DD Policy 2.01, Positive Behavioral Supports
4. DD Policy 2.03, Behavior Support Review
5. DD Policy 3.07, Adverse Event Report for People Receiving Developmental Disabilities Division Services

Approved:  **Date: Feb 17, 2017**

Administrator
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[1] This hyperlink connects to the most recent version of HRS through the Hawaii State Legislature website. Hyperlinks to HRS chapters show the first page of the chapter only, to see the rest of the contents of the chapter, click "Next" on the lower right hand side of the page on your screen.