

**GENESEE VALLEY REGIONAL CENTER  
POLICY AND PROCEDURE MANUAL**

**Item #6**

Revised February 8, 2018

**TO:** All Staff  
**FROM:** Fred Woelmer, Director  
**SUBJECT:** Restraints

**Policy**

Physical restraint shall be performed in a manner that is safe, appropriate, and proportionate to the severity of the minor child's behavior, chronological and developmental age, size, gender, physical condition, medical condition, psychiatric condition, and personal history, and consistent with any GVRC behavior management plan that may exist. In a "Universal Precautions" approach, GVRC will treat all situations that may lead to a physical restraint as if the resident has a diagnosed trauma in their history.

Youth may be therapeutically restrained only by trained staff when there is an imminent danger to self, persons or property. A youth that has escaped or is attempting to escape is an example of an imminent danger to persons or property and may be appropriately restrained. Physical restraints should only be initiated after attempts have been made to de-escalate the situation. Whenever a restraint is initiated without an attempt to de-escalate, An Unusual Incident Report (UIR) must be submitted explaining why the attempt was not made. Approval of a supervisor shall be obtained when the restraint lasts more than 20 minutes. All restraints must be documented in writing via a U.I.R. before the end of the shift in which they occurred, by the involved, either actively or just observing staff and management will review each incident.

**Definitions**

**Direct Care Staff:**

Any employee whose job duties may include supervision of youth, either by special assignment, temporary assignment, or as a routine part of their job. This would include, but may not be limited to, the following staff: Youth Specialists, Program Aides, Program Managers, and Shift Supervisors. Excluded staff are: Business Office staff unless otherwise stated, and Maintenance staff.

**GVRC's Physical Restraint Curriculum:**

The standardized physical restraint modality for GVRC utilizes the "Handle With Care" curriculum. These techniques must be applied in a caring, non-punitive manner and must be the least intrusive means to ensure the safety of persons or property.

**Mechanical Restraints:**

Mechanical restraints may include the following items:

- Handcuffs
- Leg shackles
- Straight jacket

**Prohibited Procedures**

- The use of noxious substances.
- The use of instruments or holds causing temporary incapacitation.
- Chemical restraint as defined in the act.
- Restraint equipment and physical restraint techniques shall not be used for punishment, discipline, or retaliation.
- The use of a restraint chair..

**Procedures**

**A. Training**

Restraint techniques for staff will follow the Handle With Care established curriculum.

All GVRC staff who are responsible to supervise therapeutic restraints or be directly involved in restraining youth must, satisfactorily, complete the initial Handle With Care training in crisis prevention, intervention and restraint training prior to participating in any physical restraint and annually re-qualify by satisfactorily completing refresher training in Handle With Care. Those who do not demonstrate mastery to the satisfaction of the trainer are prohibited from actively participating in any physical restraint situation and be required to repeat the training until mastery is achieved.

GVRC shall keep documentation on file that direct care staff have completed the annual, and refresher, Handle With Care training provided by GVRC, or other approved trainers.

**B. Circumstances required for initiation of physical restraint:**

- 1). There must be an imminent danger of injury to self, others or property that may lead to injury of self or others.
- 2). When there is indication that the resident may attempt an escape.
- 3). Only GVRC staff who have successfully completed the “Handle with Care” training may participate in any physical restraint.
- 4). All physical restraints must be carried out by the minimum number of staff identified in the “Handle with Care” training manual.

Restraints shall only be maintained until the circumstances leading to the restraint are no longer present. If the restraint needs to continue for more than 20 minutes, supervisory approval must be obtained for each 20 minute increment.

**C. The use of Mechanical and Material Restraints**

The approval of the director, or director designee (Program Manager or Supervisor when Director not available), shall be obtained prior to any use of material or mechanical restraints for any incidents other than transporting residents outside of the facility. Mechanical restraints are only to be used within the facility when a resident's behavior is not able to be controlled by approved restraint techniques without possible harm to the resident or others. This is an absolute last resort for the physical management of a resident. If mechanical, if material, restraints are used with a resident, the administrator of the facility will complete an assessment to determine if the youth can safely continue as a resident. A staff member shall be present continuously while material or mechanical restraint equipment is being used on a resident, and the staff member shall remain in close enough proximity to the restraint to intervene immediately in case of emergency to protect the safety of the resident.

Handcuffs may, as a last resort, may be applied to a resident who is harming self, or others, and whose arms, or hands, cannot be safely controlled using approved physical restraint techniques.

Shackles may, as a last resort, be applied to the ankles of a resident who is harming self, or others, and whose legs cannot be safely controlled by approved physical restraint techniques..

A straight jacket, as a last resort, may be applied to a resident who is harming self and cannot be safely controlled using approved physical restraint techniques.

Mechanical and Material restraints must be improved as soon as they can be safely removed without endangering the resident or others.

The following must be included in the documentation, on an Unusual Incident Report, of any use of mechanical or material restraints by the end of the shift during which the restraint occurred:

1. The name of the resident involved in the incident
2. The name of the Facility Director or Program Manager approving the use of mechanical or material restraints
3. The date and time the restraints were applied
4. The name of the staff applying the restraints
5. The behavior requiring the use of the restraints
6. The name of the staff in constant observation of the resident while in restraints
7. The name of the staff removing the restraints
8. The date and time the restraints were removed

**D. Debriefing**

The youth who was restrained should be helped to process any feelings of anger that may have resulted from the restraint. Emphasis should be placed on reviewing the de-escalation procedures used prior to the restraint, and whether the restraint could have been prevented by other de-escalation techniques. Management will be immediately advised of any injury to youth or staff that may require treatment beyond first aid.

Immediately following a physical restraint, staff must provide any observation, documentation, or treatment identified in the resident's Services Plan and continue until a medical or mental health assessment has indicated the observation or treatment is no longer needed.

**E. Documentation**

All staff involved in or observing a physical, or mechanical, restraint shall complete an Unusual Incident Report to document the incident.

The Incident Report must contain the following information:

- The name of the resident.
- The resident's status in regards to any documented history of trauma and if any follow up observation or mental health assessment is needed.
- The name of the director or designee who authorized the use of any mechanical or material equipment used.
- The time of the restraint and/or application of mechanical or material restraints.
- The name or names of all staff participating in either type of restraint.
- A description of the behavior necessitating the specific type of restraint.
- If mechanical or material restraints were used, the name of all staff continuously with the resident.
- The date and time the restraint was ended and/or mechanical or material equipment was removed.

If a youth believes that a restraint was inappropriate, the youth who was restrained shall be given the opportunity to file a grievance.

**F. Imminent Threats to Life and Exigent Situations**

These procedures are superseded when there is an imminent danger to life. In those situations, staff must intervene with the least intrusive measures possible that will protect those at greatest risk.

When there is an exigent situation requiring the restraint and removal of clothing of any resident, to prevent the resident's use of those clothes or hidden items for harm to self or others, the actual removal of the clothing must be done by a staff member of the same gender as the resident. Any staff of the opposite gender required to participate in the restraint must be considerate of the resident's emotional and mental well-being and must ensure that a blanket is covering the resident's buttocks, genitalia, and breasts. The same gender staff must show the same consideration while removing clothing.

**G. Administrative Review:**

The on duty Supervisor will forward a copy of the UIRs, for any physical restraint, to the Facility Director, or Director Designee (Program Manager) within 24 hours of any physical restraint incident. In order to determine if the requirements of this policy were followed, the Facility Director, or designee above the level of the staff who conducted the restraint, shall review each such situation within 24 hours of the occurrence.

At least twice a year the director of this facility will review and aggregate all reported incidents.

This policy is available to any resident, parent, or placement agency on request or it may be viewed on the GVRC County web site.