

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

Item #6

Revised January 1, 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, or when the resident refuses staff directive to move from one area to another to ensure the safe and orderly operation of the Facility. 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, a 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. The following aversive punishment procedures shall be prohibited:

- The use of noxious substances.
- The use of instruments 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 is prohibited.

Procedure

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 annually satisfactorily complete the Handle With Care training in crisis prevention, intervention and restraint training. 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 Handle With Care training provided by GVRC, or other approved trainers.

A. 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 the resident refuses staff directions to move from one area to another to ensure the safe and orderly operation of the facility.
- 3). When there is indication that the resident may attempt an escape.
- 4). Only GVRC staff who have successfully completed the “Handle with Care” training may participate in any physical restraint.
- 5). 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.

B: Mechanical Restraints

The approval of the director, or director designee, shall be obtained prior to any use of material or mechanical restraints. 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.

B. 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.

C. 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.

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

D. 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, 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.

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.

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