



Emergency Use of Manual Restraints

Reviewed: October 2023

PURPOSE

It is the policy of MSS to promote the rights of persons served by this program and to protect their health and safety during emergency situations.

MSS does not allow the emergency use of manual restraint.

“Emergency use of manual restraint” means using a manual restraint when a person poses an imminent risk of physical harm to self or others and it is the least restrictive intervention that would achieve safety. Property damage, verbal aggression, or a person’s refusal to receive or participate in treatment or programming on their own, do not constitute an emergency.

Positive support strategies and techniques required

- A. The following positive support strategies and techniques must be used to attempt to de-escalate a person’s behavior before it poses an imminent risk of physical harm to self or others:
 - Follow individualized strategies in a person’s support plan and support plan addendum;
 - Shift the focus by verbally redirecting the person to a desired alternative activity;
 - Model desired behavior;
 - Reinforce appropriate behavior
 - Offer choices, including activities that are relaxing and enjoyable to the person;
 - Use positive verbal guidance and feedback;
 - Actively listen to a person and validate their feelings;
 - Create a calm environment by reducing sound, lights, and other factors that may agitate a person;
 - Speak calmly with reassuring words, consider volume, tone, and non-verbal communication;
 - Simplify a task or routine or discontinue until the person is calm and agrees to participate; or
 - Respect the person’s need for physical space and/or privacy.
- B. MSS will develop a positive support transition plan on the forms and in manner prescribed by the Commissioner and within the required timelines for each person served when required in order to:
 - 1. eliminate the use of prohibited procedures as identified in this policy;
 - 2. avoid the emergency use of manual restraint;
 - 3. prevent the person from physically harming self or others; or
 - 4. phase out any existing plans for the emergency or programmatic use of restrictive interventions prohibited.

Permitted Actions and Procedures

Use of the following instructional techniques and intervention procedures used on an intermittent or continuous basis are permitted by MSS. When used on a continuous basis, it must be addressed in a person's support plan addendum.

- A. Physical contact or instructional techniques must use the least restrictive alternative possible to meet the needs of the person and may be used to:
 1. Calm or comfort a person by holding that persons with no resistance from that person;
 2. Protect a person known to be at risk of injury due to frequent falls as a result of a medical condition;
 3. Facilitate the person's completion of a task or response when the person does not resist or the person's resistance is minimal in intensity and duration; or
 4. Block or redirect a person's limbs or body, without holding the person or limiting the person's 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; or
 5. To 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 by staff.
- B. Restraint may be used as an intervention procedure to:
 1. 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; or
 2. 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;
 - a) *Note that this language **does** allow the use of manual restraint in certain extreme situations, such as a person running into a busy street. As always, intervention should be done in the least restrictive manner possible.*
 3. Position a person with physical disabilities in a manner specified in the person's coordinated service and support plan addendum.

Any use of manual restraint as allowed in this paragraph [Section B] must comply with the restrictions identified in [Section A].
- C. 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.

Prohibited Procedures

Use of the following procedures 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 MSS:

1. Chemical restraint;
2. Mechanical restraint;
3. Manual restraint;

4. Time out;
5. Seclusion; or
6. Any aversive or deprivation procedure

Manual Restraints Not Allowed in Emergencies

- A. MSS does not allow the emergency use of manual restraint. The following alternative measures must be used by staff to achieve safety when a person’s conduct poses an imminent risk of physical harm to self or others and less restrictive strategies have not achieved safety:
- Continue to utilize the positive support strategies;
 - Continue to follow individualized strategies in a person’s support plan and support plan addendum;
 - Ask the person and/or others if they would like to move to another area where they may feel safer or calmer;
 - Remove objects from the person’s immediate environment that they may use to harm self or others
 - Call 911 for law enforcement assistance if the alternative measures listed above are ineffective in order to achieve safety for the person and/or others. While waiting for law enforcement to arrive staff will continue to offer the alternative measures listed above if doing so does not pose a risk of harm to the person and/or others.
 - Utilize the alternative safety measures included in the Behavior and Intervention training.
- B. MSS will not allow the use of an alternative safety procedure with a person when it has been determined by the person’s physician or mental health provider to be medically or psychologically contraindicated. MSS will complete an assessment of whether the allowed procedures are contraindicated for each person receiving services as part of the service planning required under section [245D.070, subdivision 2](#), for recipients of basic support services; or the assessment and initial service planning required under section [245D.071, subdivision 3](#), for recipients of intensive support services.

Reporting Emergency Use of Manual Restraint

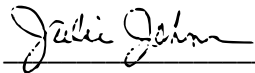
As stated in this policy, MSS does not allow the emergency use of manual restraint. Any staff member who believes or knows that a manual restraint was implemented during an emergency basis must immediately report the incident to their Program Director or Supervisor. The Director or Supervisor is responsible for reporting the emergency use of manual restraint according to the standards in [MN Statutes, Chapter 245D.061](#) and [MN Administrative Rule 9544.0110](#), when determined necessary.

Staff Training

- A. As part of orientation, staff members will receive hands-on, interactive Behavior Prevention and Intervention training. Topics covered include:
1. Verbal Language
 2. Body Language
 3. Signs of anxiety & escalation

4. Verbal De-escalation & Active Listening
5. Setting Limits (options to give control)
6. When a physical response is needed, demo & practice to ensure safety for all
7. 911 calls as a last resort for imminent danger
8. Incident Reports (purpose-importance/trends)

Policy reviewed and authorized by:



Julie Johnson, President/CEO

10/3/23

Date