

Options Inc.

EMERGENCY USE OF CONTROLLED PROCEDURES POLICY

I. Policy

This policy does not encourage or require the use of aversive and deprivation procedures, "controlled" procedures. Rather, it encourages the use of positive approaches as an alternative to aversive or deprivation procedures and requires documentation that positive approaches have been tried and have been unsuccessful as a condition of implementing an aversive or deprivation procedure.

A. To identify the controlled procedures that are allowed on an emergency basis and to identify the controlled procedures that are not allowed in an emergency basis and what alternatives actions can be taken when use of controlled procedures is not allowed.

B. To require the development and use of forms to monitor, track, and report the emergency use of controlled procedures.

C. To develop and implement review and reporting procedures when emergency use of controlled procedures occurs.

D. All emergency use of controlled procedures will be monitored, reviewed, and reported by the designated staff person. The designated staff person must be a Qualified Mental Retardation Professional. The QMRP must have at least one year of experience in developing programs that address behavior issues.

II. Definitions

A. "Aversive procedure" means the planned application of an aversive stimulus (1) contingent upon the occurrence of a behavior identified in the individual program plan for reduction or elimination; or (2) in an emergency situation governed by Minnesota Rules, part 9525.2770.

B. "Controlled procedure" means an aversive or deprivation procedure that is permitted by Minnesota Rules, parts 9525.2700 to 9525.2810 and is implemented under the standards established by those parts. Controlled procedures are listed in Minnesota Rules, part 9525.2740.

C. "Deprivation procedure" means the removal of a positive reinforcer following a response resulting in, or intended to result in, a decrease in the frequency, duration, or intensity of that response. Often times the positive reinforcer available is goods, services, or activities to which the consumer is normally entitled. The removal is often in the form of a delay or postponement of the positive reinforcer.

D. "Emergency use" means using a controlled procedure without first meeting the requirements in Minnesota Rules, parts 9525.2750, 9525.2760, and 9525.2780 when it can be documented that immediate intervention is necessary to protect a consumer or other individuals from physical injury or to prevent severe property damage which is an immediate threat to the physical safety of the consumer or others.

E. "Manual restraint" means physical intervention intended to hold a consumer immobile or limit a consumer's movement by using body contact as the only source of physical restraint. The term does not mean physical contact used to: (1) facilitate a consumer's completion of a task or response when the consumer does not resist or the consumer's resistance is minimal in intensity and duration; (2) escort or carry a consumer to safety when the consumer is in danger; or (3) conduct necessary medical examinations or treatments.

F. "Mechanical restraint" means the use of devices such as mittens, straps, restraint chairs, or papoose boards to limit a consumer's movement or hold a consumer immobile as an intervention precipitated by a consumer's behavior. The term does not apply to mechanical restraint used to treat a consumer's medical needs, to protect a consumer known to be at risk of injury resulting from lack of coordination or frequent loss of consciousness, or to position a consumer with physical disabilities in a manner specified in the consumer's individual program plan. The term does apply to, and Minnesota Rules, parts 9525.2700 to 9525.2810 do govern, mechanical restraint when it is used to prevent injury with consumers who engage in behaviors, such as head-banging, gouging, or other actions resulting in tissue damage, that have caused or could cause medical problems resulting from the self-injury.

G. "Seclusion" means the placement of a consumer alone in a room from which egress is:

1. non-contingent on the consumer's behavior; or
2. prohibited by a mechanism such as a lock or by a device or object positioned to hold the door closed or otherwise prevent the consumer from leaving the room.

H. "Time out" or "time out from positive reinforcement" means removing a consumer from the opportunity to gain positive reinforcement and is employed when a consumer demonstrates a behavior identified in the individual program plan for reduction or elimination. Return of the consumer to normal activities from the time out situation is contingent upon the consumer's demonstrating more appropriate behavior. Time out periods are usually brief, lasting only several minutes.

Time out procedures governed by Minnesota Rules, parts 9525.2700 to 9525.2810 are:

1. "exclusionary time out," which means removing a consumer from an ongoing activity to a location where the consumer cannot observe the ongoing activity; and
2. "room time out," which means removing a consumer from an ongoing activity to an unlocked room. The consumer may be prevented from leaving a time out room by staff members but not by mechanical restraint or by the use of devices or objects positioned to hold the door closed.

III. Procedures

A. Emergency use of controlled procedures must meet the following conditions:

1. Immediate intervention is needed to protect the consumer or others from physical injury or to prevent severe property damage that is an immediate threat

to the physical safety of the consumer or others.

2. The individual program plan of the consumer demonstrating the behavior does not include provisions for the use of the controlled procedure.

3. The procedure used is the least intrusive intervention possible to react effectively to the emergency situation.

IV. Controlled Procedures Allowed On An Emergency Basis

A. Exclusionary Time Out

This procedure must meet the following conditions:

1. When possible, time out procedures must be implemented in common program space rather than in a room used solely for time out.

2. When possible, the consumer must be returned to the activity from which the consumer was removed when the time out procedure is completed.

3. Consumers in time out must be continuously monitored by staff.

4. Release from time out is contingent on the consumer's stopping or bringing under control the behavior that precipitated the time out and must occur as soon as the behavior that precipitated the time out abates or stops. If the precipitating behavior has not abated or stopped, staff members must attempt to return the consumer to an ongoing activity at least every 30 minutes.

5. If time out is implemented contingent on repeated instances of the target behavior for longer than 30 consecutive minutes, the consumer must be offered access to a bathroom and drinking water.

B. Manual Restraint (MANUAL RESTRAINT in an emergency, must comply with Minnesota Rules, part 9525.2750, subpart 1, item H) This procedure must meet the following conditions:

1. The consumer's primary care physician must be consulted to determine whether implementing the procedure is medically contraindicated.

2. The consumer must be given an opportunity for release from the manual restraint and for motion and exercise of the restricted body parts for at least ten minutes out of every 60 minutes.

3. Efforts to lessen or discontinue the manual restraint must be made at least every 15 minutes, unless contraindicated. The time each effort was made and the consumer's response to the effort must be noted in the consumer's permanent record.

4. The procedures must comply with other standards in Minnesota Rules, parts 9525.2700 to 9525.2810.

V. Controlled Procedures Not Allowed On An Emergency Basis

The use of room time out in an emergency is a prohibited procedure (See Minnesota Rules, part 9525.2730, subpart 2, H. "Prohibitions"). Mechanical Restraint is not allowed by Options Inc. as an emergency procedure.

VI. Staff Training

A. All staff will complete training on controlled procedures before being permitted to implement a controlled procedure under emergency conditions as part of orientation.

The training will include demonstration by the teacher and practice by the staff, in actual implementation of the controlled procedures that are permitted by the emergency use of controlled procedures policy.

B. Ongoing training to all staff responsible for implementing, supervising, and monitoring controlled procedures will be conducted, to ensure that all staff responsible for implementing the program are competent to implement the procedures.

C. Members of the expanded interdisciplinary team will be provided with documentation that staff are competent to implement the procedures.

D. Controlled procedures must not be implemented as part of the individual program plan until staff who are involved in providing supervision or training of the consumer have been trained to implement all programs contained in the individual program plan.

VII. Reviewing And Reporting Emergency Use Of Controlled Procedures

A. Any emergency use of a controlled procedure governed by Minnesota Rules, parts 9525.2700 to 9525.2810 must be reported and reviewed as specified in this policy by the designated staff person (QMRP). The QMRP is responsible for reviewing, documenting, and reporting use of emergency procedures and will use the forms specifically developed for review and reporting purposes.

B. Immediately following implementation of an emergency controlled procedure verbal (telephone or in person) notification to specified person(s), i.e., case manager, legal representative, if any, the QMRP if he or she is not onsite at the facility at the time use of the controlled procedure occurs, and the Executive Director.

C. Within three calendar days after an emergency use of a controlled procedure, the staff member who implemented the emergency use shall report in writing to the QMRP the following information about the emergency use:

1. a detailed description of the incident leading to the use of the procedure as an emergency intervention;
2. the controlled procedure that was used;
3. the time implementation began and the time it was completed;
4. the behavioral outcome that resulted;
5. why the procedure used was judged to be necessary to prevent injury or severe property damage; and
6. an assessment of the likelihood that the behavior necessitating emergency use will recur.

D. Within seven calendar days after the date of the emergency use of a controlled procedure, the QMRP shall review the report prepared by the staff member who implemented the emergency procedure and ensure the report is sent to the case manager and expanded interdisciplinary team for review. If the emergency use involved manual restraint, or use of exclusionary time out exceeding 15 minutes at one time or a cumulative total of 30 minutes or more in a 24-hour period, the QMRP must ensure the report is sent to the internal review committee within seven calendar days of the

emergency use of the controlled procedure.

E. Within seven calendar days after the date of receipt of the emergency report, the case manager shall confer with members of the expanded interdisciplinary team to:

1. discuss the incident reported to;
2. define the target behavior for reduction or elimination in observable and measurable terminology;
3. identify the antecedent or event that gave rise to the target behavior; and
4. identify the perceived function the target behavior served; and
5. determine what modifications should be made to the existing individual program plan so as to not require the use of a controlled procedure.

F. Within 30 calendar days after the emergency use an expanded interdisciplinary team meeting must be conducted if it is determined that a controlled procedure is necessary and that the target behavior should be identified in the individual program plan for reduction or elimination.

G. Within 15 calendar days after the expanded interdisciplinary team meeting, the emergency use of a controlled procedure, as well as, changes made to the adaptive skill acquisition portion of the plan must be incorporated in the individual program plan. During this time, the QMRP will document all attempts to use less restrictive alternatives including:

1. adaptive skill acquisition procedures currently being used and why they were not successful;
2. attempts made at less restrictive procedures that failed and why they failed; and
3. rationale for not attempting the use of other less restrictive alternatives.

H. The QMRP must ensure a copy of the report is sent to the internal review committee and the regional review committee within five working days after the expanded interdisciplinary team meeting.

I. A summary of the interdisciplinary team's decision must be added to the consumer's permanent record.

Authorized by: _____
Executive Director Date