I. Policy

It is the policy of Lutheran Social Service of MN (LSS) to promote the rights of persons supported and protect their health and safety, including when emergency use of manual restraints are used.

“Emergency use of manual restraint” means using a manual restraint when a person poses an imminent risk (The likelihood of severe harm that may occur in the future) of physical harm to self or others and it is the least restrictive intervention that would achieve safety.

LSS of MN has a list of programs in which emergency use of manual restraints are allowed and is defined in the unit directory at the end of this policy.

A. The following conditions, on their own, are not conditions for emergency use of manual restraint:
   1. The person is engaging in property destruction that does not cause immediate risk of physical harm.
   2. The person is engaging in verbal aggression with staff or others.
   3. A person's refusal to receive or participate in treatment of programming.

B. Staff may only implement a physical intervention in which they have been trained.

C. All staff who have knowledge of a physical intervention being implemented must report to the Designated Coordinator or Designated Manager within 24 hours.

ALL PROGRAMS MUST FOLLOW:

I. Staff Training

Before staff may implement manual restraints on an emergency basis LSS must provide the training required in this section.

A. LSS must provide staff with orientation and annual training as required in Minnesota Statutes, section 245D.09.
B. Prior to implementing an EUMR, or within 60 days of hire, LSS must provide instruction on the following topics:
   1. what constitutes the use of restraint, time out, seclusion, and chemical restraint;
   2. staff responsibilities related to ensuring prohibited procedures are not used;
   3. why such prohibited procedures are not effective for reducing or eliminating symptoms or undesired behavior;
   4. why prohibited procedures are not safe; and
   5. the safe and correct use of manual restraint on an emergency basis according to the requirements in the 245D HCBS Standards, section 245D.061 and this policy.
   6. Alternatives to manual restraint procedures, including techniques to identify events and environmental factors that may escalate conduct that poses an imminent risk of physical harm to self or others;
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Emergency Use of Manual Restraint

i. de-escalation methods, positive support strategies, and how to avoid power struggles;
ii. simulated experiences of administering and receiving manual restraint procedures allowed by LSS on an emergency basis;
iii. how to properly identify thresholds for implementing and ceasing restrictive procedures;
iv. how to recognize, monitor, and respond to the person’s physical signs of distress, including positional asphyxia;
v. the physiological and psychological impact on the person and the staff when restrictive procedures are used;
vi. the communicative intent of behaviors; and
vii. relationship building.

C. Training on these topics received from other sources may count toward these requirements if received in the 12-month period before the staff person's date of hire. LSS approved curriculum will be trained as part of orientation.

D. LSS must maintain documentation of the training received and of each staff person's competency in each staff person’s personnel record.

II. Positive support strategies and techniques required
   The following positive support strategies and techniques should be used to attempt to de-escalate a person’s behavior before it poses an imminent risk of physical harm to self or others:

   A. follow individualized strategies in a person’s coordinated service and support plan and coordinated service and support plan addendum;
      1. shift the focus by verbally redirecting the person to a desired alternative activity;
      2. model safe behavior;
      3. reinforce safe behavior;
      4. offer choices, including activities that are relaxing and enjoyable to the person;
      5. use positive verbal guidance and feedback;
      6. actively listen to a person and validate their feelings;
      7. create a calm environment by reducing factors that may agitate a person;
      8. speak calmly with reassuring words, consider volume, tone, and non-verbal communication;
      9. simplify a task or routine or discontinue until the person is calm and agrees to participate; or
     10. respect the person’s need for physical space and/or privacy.

III. Permitted actions and procedures
   Use of the following instructional techniques and intervention procedures used on an intermittent or continuous basis are permitted by LSS. When used on a continuous basis, it must be addressed in a person’s coordinated service and support plan addendum.
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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 person with no resistance from that person;
2. protect a person known to be at risk of injury due to frequent falls;
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; or
3. position a person with physical disabilities in a manner specified in the person’s coordinated service and support plan addendum.
4. 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.

IV. 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 LSS unless specific permission has been received from the commissioner of DHS:

A. chemical restraint;
B. mechanical restraint;
C. manual restraint;
D. time out; seclusion; or
E. any aversive or deprivation procedure.

PROGRAMS THAT ALLOW EUMR RETRAINTS MUST FOLLOW:
I. Restrictions When Implementing Emergency Use of Manual Restraint
Emergency use of manual restraint must not:
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A. be implemented with a child in a manner that constitutes sexual abuse, neglect, physical abuse, or mental injury;
B. be implemented with an adult in a manner that constitutes abuse or neglect;
C. be implemented in a manner that violates a person’s rights and protection;
D. restrict a person’s normal access to a nutritious diet, drinking water, adequate ventilation, necessary medical care, ordinary hygiene facilities, normal sleeping conditions, or necessary clothing;
E. restrict a person’s normal access to any protection required by state licensing standards and federal regulations governing this program;
F. deny a person visitation or ordinary contact with legal counsel, a legal representative, or next of kin;
G. be used as a substitute for adequate staffing, for the convenience of staff, as punishment, or as a consequence if the person refuses to participate in the treatment or services provided by this program;
H. use prone restraint. “Prone restraint” means use of manual restraint that places a person in a face-down position. It does not include brief physical holding of a person who, during an emergency use of manual restraint, rolls into a prone position, and the person is restored to a standing, sitting, or side-lying position as quickly as possible; or
I. apply back or chest pressure while a person is in a prone position, supine (meaning a face-up) position, or side-lying position,
J. be implemented in a manner that is contraindicated for any of the person’s known medical or psychological limitations.

II. Conditions for Emergency Use of Manual Restraint
Emergency use of manual restraint must meet the following conditions:

A. immediate intervention must be needed to protect the person or others from imminent risk of physical harm;
B. the type of manual restraint used must be the least restrictive intervention to eliminate the immediate risk of harm and effectively achieve safety; and
C. the manual restraint must end when the threat of harm ends.
D. Upon the attempt to release the restraint, the person’s behavior immediately re-escalates and staff must immediately re-implement the restraint in order to maintain safety.
E. The following conditions, on their own, are not conditions for emergency use of manual restraint:
   1. the person is engaging in property destruction that does not cause imminent risk of physical harm;
   2. the person is engaging in verbal aggression with staff or others; or
   3. a person’s refusal to receive or participate in treatment or programming.
III. Manual Restraints Allowed in Emergencies
LSS allows the following manual restraint procedures to be used on an emergency basis when:

A. A person’s conduct poses an imminent risk of physical harm to self or others
B. And less restrictive strategies have not achieved safety:
C. Staff have been trained on the following:
   1. One Person Side Body Hug Standing Restraint
   2. Two Person Standing Restraint using a Side Body Hug
   3. One person One Arm Standing Restraint
   4. Two person One Arm Standing Restraint/Side Body Hug

Refer to the addendum of approved manual restraints that includes a description of each of the manual restraints trained staff are allowed to use and instructions for the safe and correct implementation of those procedures.

A. LSS will not allow the use of a manual restraint procedure with a person when it has been determined by the person’s physician or mental health provider to be medically or psychologically contraindicated.
B. LSS will complete an assessment (annual physical with physican) 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.

IV. Monitoring Emergency Use of Manual Restraint
LSS employees must monitor a person’s health and safety during an emergency use of a manual restraint. When possible, a staff person who is not implementing the emergency use of a manual restraint must monitor the procedure. The purpose of the monitoring is to ensure the following:

A. only manual restraints allowed in this policy are implemented;
B. manual restraints that have been determined to be contraindicated for a person are not implemented with that person;
C. allowed manual restraints are implemented only by staff trained in their use;
D. the restraint is being implemented properly as required; and
E. the mental, physical, and emotional condition of the person who is being manually restrained is being assessed and intervention is provided when necessary to maintain the person’s health and safety and prevent injury to the person, staff involved, or others involved.

REPORTING
I. Reporting Emergency Use of Manual Restraint
A. Within 24 hours of an emergency use of manual restraint, the legal representative and the case manager must receive verbal notification of the occurrence as required under the incident response and reporting requirements in the 245D HCBS Standards, section 245D.06, subdivision 1. When the emergency use of manual restraint involves more than one person receiving services, the incident report made to the legal representative and the case manager must not disclose personally identifiable information about any other person unless LSS has the consent of the person.

B. Before the end of shift, or within 3 calendar days after an emergency use of a manual restraint, the staff person who implemented the emergency use must complete the Emergency Use of Manual Restraint Incident Report.

C. A copy of this report must be maintained in the person’s service recipient record. The record must be uniform and legible.

D. Each single incident of emergency use of manual restraint must be reported separately. A single incident is when the following conditions have been met:
   1. after implementing the manual restraint, staff attempt to release the person at the moment staff believe the person’s conduct no longer poses an imminent risk of physical harm to self or others and less restrictive strategies can be implemented to maintain safety;
   2. upon the attempt to release the restraint, the person’s behavior immediately re-escalates; and
   3. staff must immediately re-implement the manual restraint in order to maintain safety.

II. Internal Review of Emergency Use of Manual Restraint

A. Within 5 business days after the date of the emergency use of a manual restraint, LSS must complete and document an internal review of the report prepared by the staff member who implemented the emergency procedure.

B. The internal review must include an evaluation of whether:
   1. the person’s service and support strategies need to be revised;
   2. related policies and procedures were followed;
   3. the policies and procedures were adequate;
   4. there is need for additional staff training;
   5. the reported event is similar to past events with the persons, staff, or the services involved;
   6. there is a need for corrective action by LSS to protect the health and safety of persons; and
   7. whether or not the person requires the development of a positive support transition plan (PSTP).

C. Based on the results of the internal review, LSS must develop, document, and implement a corrective action plan for the program designed to correct current lapses and prevent future lapses in performance by individuals or the program.

D. If the emergency use of manual restraints has been necessary three times within a 90-day period or four times within a 180-day period, a positive support transition plan should be developed and implemented. This plan, if any, must be implemented within 30 days of the last EUMR.
E. LSS has identified the following person or position responsible for conducting the internal review and for ensuring that corrective action is taken, when determined necessary: Designated Coordinators, Directors (DC), Area Director (DM), or Sr. Director (DM).

   A. Within 5 working days after the completion of the internal review, LSS must consult with the expanded support team to:
      1. Discuss the incident to:
         i. define the antecedent or event that gave rise to the behavior resulting in the manual restraint; and
         ii. identify the perceived function the behavior served.
      2. Determine whether the person’s coordinated service and support plan addendum needs to be revised to:
         i. positively and effectively help the person maintain stability; and
         ii. reduce or eliminate future occurrences of manual restraint.
   B. LSS must maintain a written summary of the expanded support team’s discussion and decisions in the person’s service recipient record.
   C. LSS has identified the following person or position responsible for conducting the expanded support team review and for ensuring that the person’s coordinated service and support plan addendum is revised, when determined necessary: Designated Coordinators, Directors (DC), Area Director (DM), or Sr. Director (DM).

IV. External Review and Reporting of Emergency Use of Manual Restraint
   Within 5 working days after the completion of the expanded support team review, LSS must submit the following to the Department of Human Services and the Office of the Ombudsman for Mental Health and Developmental Disabilities using the online behavior intervention reporting form (BIRF DHS-5148):
   
   A. report of the emergency use of a manual restraint;
   B. the internal review and corrective action plan; and
   C. the expanded support team review written summary.

Legal Authority: MS §§ 245D.06, subd. 5 to subd, 8; 245D.061
# PSS POLICY AND PROCEDURE ON
Emergency Use of Manual Restraint – Unit Directory

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**Revised May 21st 2018**
### PSS POLICY AND PROCEDURE ON

**Emergency Use of Manual Restraint – Unit Directory**

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<td>No Holds</td>
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<td>EUMR Allowed</td>
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<td>Exception</td>
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<table>
<thead>
<tr>
<th>Area Director</th>
<th>Adam Fox</th>
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<tbody>
<tr>
<td>Unit #</td>
<td>Unit Name</td>
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<tr>
<td>15010</td>
<td>LaVine</td>
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</tbody>
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15310 MacGregor
15400 Sunrise
15500 Riverview
24220 Ramsey Place SCS
24710 MacVine
53700 Rapids
53710 Brad's House SCS
53720 Fernwood SCS
If an emergency use of manual restraint is needed, staff will verbally cue safety related behaviors, unless to do so would escalate the person’s behavior. Saying “calm down” will not work and shall not be used as a verbal prompt. The least restrictive manual restraint preferred by the person who may be restrained shall be used. Their preference will be noted in their Coordinated Service and Support Plan (CSSP) Addendum Summary.

The following interventions are allowed per LSS approved curriculum:

Encouraging
Using non-physical interaction to transition from one place to another.

Guiding
Using non-physical and/or physical interaction to assist someone to transition from one place to another.

Assisting
Having the person hold on to you and/or you physically holding on to the person to steady and support him or her while standing or walking to keep him or her from falling or slipping. The person doing the assisting follows the lead of the person being assisted. The person must be released when he or she no longer needs the physical assist.

Supporting
Providing physical assistance to help a person to maintain his/her stance and balance, body mechanics, and body positioning.

Avoiding
Eluding, evading or escaping physical contact through the use of body positioning, shifting, stepping, or sliding without making physical contact with the person.

Redirecting or deflecting
While avoiding, using the hand and/or arm to make physical contact without holding on to the person.

Releasing
Removing someone or something from a physical hold; this may involve holding on briefly to the hand and forearm, just above the wrist, of the person.

Escorting
Preventing someone to go towards an area of danger by inducing them to go towards an area of safety.

Separating
Combination of non-verbal and verbal strategies.

Restrainting
Limiting and redirecting, but not immobilizing, a person who has engaged in behavior that is harmful to him/herself and/or others.

Approved Restraints
PSS POLICY AND PROCEDURE ON
Emergency Use of Manual Restraint – Holds Addendum

1. One Person Side Body Hug Standing Restraint
2. Two Person Standing Restraint using a Side Body Hug
3. One Person One Arm Standing Restraint
4. Two Person One Arm Standing Restraint/Side Body Hug

One Person Side Body Hug Standing Restraint
1. Staff approaches from slightly behind on the left side
2. Hands up in a non-threatening manner
3. Elbows in close to the chest
4. Say, “Excuse me for touching,” when unable to ask
5. Staff use a left forward natural stance appropriate for staffs body
6. Sides of hands make contact between elbow and shoulder
7. Reach for the person’s right hip area with the left hand (simultaneous with step 8)
8. Step with the left foot into a front stance
9. Staff armpit secures the persons left upper arm between the elbow and shoulder
10. Belt buckle touches left hip
11. Make contact with your left thigh next to the persons left thigh area
12. Left hand rests on the right side of hipbone
13. Right hand now moves across the back resting on the right hip bone
14. Head tucks behind the persons left shoulder
15. Relax yourself
16. Release, Move the right hand back to the area between the elbow and shoulder
17. Move the left hand back to the area between the elbow and shoulder
18. Step back with left foot retreating slightly back on the left side

Two Person Standing Restraint using a Side Body Hug
1. Staff approaches from slightly behind on the left side
2. Hands up in a non-threatening manner
3. Elbows in close to the chest
4. Say, “Excuse me for touching,” when unable to ask
5. Staff use a left forward natural stance appropriate for staffs body
6. Sides of hands make contact between elbow and shoulder
7. Reach for the person’s right hip area with the left hand (simultaneous with step 8)
8. Step with the left foot into a front stance
9. Staff armpit secures the persons left upper arm between the elbow and shoulder
10. Belt buckle touches left hip
11. Make contact with your left thigh next to the persons left thigh area
12. Left hand rests on the right side of hipbone
13. Right hand now moves across the back resting on the right hip bone
14. Head tucks behind the persons left shoulder
15. Relax yourself
16. 2nd Staff approaches from slightly behind on the right side
17. Hands up in a non-threatening manner
18. Elbows in close to the chest
19. Say, “Excuse me for touching,” when unable to ask
20. Staff use a right forward natural stance appropriate for staffs body
21. Sides of hands make contact between elbow and shoulder
22. Reach for the person’s left hip area with the right hand(simultaneous with step 23)
23. Step with the right foot into a front stance
24. Staff armpit secures the person’s right upper arm between the elbow and shoulder
25. Belt buckle touches right hip
26. Make contact with your right thigh next to the person’s right thigh area
27. Right hand rests on the left side of hipbone
28. Left hand now moves across the back resting on the left hip bone
29. Head tucks behind the person’s right shoulder
30. Relax yourself
31. Release, 2nd staff in first to exit
32. Release, Move the left hand back to the area between the elbow and shoulder, move the right hand back to the area between the elbow and shoulder
33. Step back with right foot retreating slightly back on the left side
34. Release, 1st staff, Move the right hand back to the area between the elbow and shoulder
35. Move the left hand back to the area between the elbow and shoulder
36. Step back with left foot retreating slightly back on the left side

One Person One Arm Standing Restraint
1. Staff approaches from slightly behind on the left side
2. Hands up in a non-threatening manner
3. Elbows in close to the body
4. Staff use a left foot forward natural stance appropriate for staffs body
5. Say, “Excuse me for touching”
6. Place the palm of left hand above the left elbow
7. Thumb on the inside of the arm, fingers on the outside of the arm
8. Right hand on the right hip belt area
9. Step forward with the left foot
10. Guide the left arm forward and across the person’s body
11. Your belt buckle makes contact with the left hip pocket
12. Your chest contacts the person’s back
13. Right hand moves around the person and grasps above left wrist
14. Fingers below the wrist, thumbs on top
15. Rotate the left hand around the left elbow
16. Your palm follows the person’s left arm to a place on the left forearm
17. Move the arms low around the belt buckle area
18. Relax yourself
19. Release, moving the left hand, palm down, up the left forearm
20. Place the left palm above the left elbow
21. Thumb on the inside, fingers on the outside
22. Right hand releases the right wrist area, moves back to the belt hip area
23. Step back, retreating slightly back on the left side
24. Hands up in a non-threatening manner one or two arm hold

Two Person One Arm Standing Restraint/Side Body Hug
1. One arm, two person standing restraint
2. Staff approaches from slightly behind on the right side
3. Hands up in a non-threatening manner
4. Elbows in close to the body
5. Say, “Excuse me for touching”
6. Staff use a right foot forward natural stance
7. Place the palm of right hand above the right elbow
8. Thumb on the inside of the arm, fingers on the outside of the arm
9. Left hand on the left hip belt area
10. Step forward with the right foot
11. Guide the right arm forward and across the person’s body
12. Your belt buckle makes contact with the right hip
13. Your chest makes contact with the person’s back
14. Left hand moves around the person and grasps above right wrist
15. Fingers below the wrist, thumbs rotated on top
16. Rotate the right hand around the right elbow
17. Your palm follows the person’s right arm to a place on the right forearm
18. Move the arms low around the belt buckle area
19. Relax yourself
20. 2nd staff approaches from slightly behind on the left side
21. Hands up in a non-threatening manner
22. Elbows in close to the body
23. Staff use a left foot forward natural stance
24. Sides of hands make contact between elbow and shoulder
25. Reach for the person’s right arm just above the right elbow with the left hand at the same time as stepping with the left foot into a front stance
26. Secure the person’s upper arm/bicep area with the armpit of the staff person
27. Belt buckle touches the left hip
28. Make contact, with your left hip thigh next to the person’s left thigh area
29. Right hand now moves across the back, resting on the right hip bone
30. Head tucks behind the person’s left shoulder
31. Relax yourself
32. Move the right hand back to the area between the elbow and shoulder
33. Move the left hand back to the area between the elbow and shoulder
34. Step back with the left foot, retreating slightly back on the left side
35. Release, moving the right hand, palm down, up the right forearm
36. Place the right palm above the right elbow
37. Thumb on the inside, fingers on the outside
38. Left hand release the left wrist area, moves back to the belt hip area
39. Step back, retreating slightly back on the right side
40. Hands up in a non-threatening manner
Support teams for some people supported have required additional physical interventions for a variety of reasons, including but not limited to: disability, diagnosis, size of the person supported, history of aggression, etc... In these circumstance, detailed instruction is found below.

<table>
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<tr>
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