

# **CHOICE, unlimited**

Creating and Enhancing Opportunities Within Local Communities

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## **Emergency Use of Manual Restraints (EUMR) Not Allowed Policy**

### **I. Policy**

It is the policy of this DHS licensed provider, CHOICE, unlimited, to promote the rights of persons served and protect their health and safety during the emergency use of manual restraints.

“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.

### **II. Positive support strategies and techniques required**

- A. CHOICE, unlimited will use positive support strategies and techniques to deescalate any emergent situations that may put individuals at risk of physical harm to self or others. The following positive support strategies must be used.
- Follow individualized strategies in a person’s coordinated service and support plan (CSSP) and coordinated service and support plan addendum (CSSPA);
  - Shift the focus by verbally redirecting the person to a desired alternative activity;
  - Model desired behavior;
  - Reinforce appropriate responses and 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;
  - Respect the person’s need for physical space and/or privacy.
- B. CHOICE, unlimited will develop a positive support transition plan for each person when required, in a manner prescribed by the Commissioner, and within the required timelines, in order to.
1. eliminate the use of prohibited procedures as identified in section IV of this policy;
  2. avoid the emergency use of manual restraint when not necessary, as identified in section I of this policy;
  3. prevent the person from physically harming self or others; or
  4. phase out any existing plans for the emergency or programmatic use of aversive or deprivation procedures prohibited.

### **III. Permitted actions and procedures**

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

- A. Physical contact or instructional techniques must be used in 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 or 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. briefly 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;
  5. redirect a person 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.
  6. if needed, get support from other 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.
  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.

#### **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 CHOICE, unlimited:

1. chemical restraint;
2. mechanical restraint;
3. manual restraint;
4. time out;
5. seclusion; or
6. any aversive or deprivation procedure.

#### **V. Alternative measures to use in place of manual restraints (Manual restraints not allowed in emergencies)**

- A. CHOICE, unlimited 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 coordinated service and support plan and coordinated service 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.
- B. CHOICE, unlimited 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 for a person. An assessment will be conducted of whether the allowed procedures are contraindicated for each person receiving services as part of the service planning required under the 245D Home and Community-Based Services (HCBS) Standards (section [245D.07](#), subdivision 2, for recipients of basic support services; or section [245D.071](#), subdivision 3, for recipients of intensive support services).

## **VI. Reporting emergency use of manual restraint**

As stated in section V, CHOICE, unlimited does not allow the emergency use of manual restraint. Any staff person who believes or knows that a manual restraint was implemented during an emergency must immediately report the incident to the Executive Director or Designee. This person is responsible for reporting the emergency use of manual restraint according to the standards in section 245D.061 and part 9544.0110, when determined necessary.

*In the event a staff person **does not** follow this policy and performs an EUMR, the Executive Director or Designee must report the incident and adhere to the following:*

- 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*
- 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 the program has the consent of the person.*
- B. *Within 3 calendar days after an emergency use of a manual restraint, the staff person who implemented the emergency use must report in writing to the Executive Director or Designee the following information about the emergency use:*
- 1. who was involved in the incident leading up to the emergency use of a manual restraint; including the names of staff and persons receiving services;*

2. *a description of the physical and social environment, including who was present before and during the incident leading up to the emergency use of a manual restraint;*
3. *a description of what less restrictive alternative measures were attempted to de-escalate the incident and maintain safety before the emergency use of a manual restraint was implemented. This description must identify when, how, and how long the alternative measures were attempted before the manual restraint was implemented;*
4. *a description of the mental, physical, and emotional condition of the person who was manually restrained, leading up to, during, and following the manual restraint;*
5. *a description of the mental, physical, and emotional condition of the other persons involved leading up to, during, and following the manual restraint;*
6. *whether there was any injury to the person who was restrained before or as a result of the use of a manual restraint;*
7. *whether there was any injury to other persons, including staff, before or as a result of the use of a manual restraint; and*
8. *whether there was a debriefing with the staff and, if not contraindicated, with the person who was restrained and other persons who were involved in or who witnessed the restraint, following the incident. Include the outcome of the debriefing. If the debriefing was not conducted at the time the incident report was made, the report should identify whether a debriefing is planned.*

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

#### ***Internal review of emergency use of manual restraint***

- A. *Within 5 business days after the date of the emergency use of a manual restraint, CHOICE, unlimited 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; and*
  6. *there is a need for corrective action to protect the health and safety of persons.*
- C. *Based on the results of the internal review, CHOICE, unlimited must develop, document, and implement a corrective action plan to correct current lapses and prevent future lapses in performance by individuals or CHOICE, unlimited.*
- D. *The corrective action plan, if any, must be implemented within 30 days of the internal review being completed.*
- E. *The Executive Director or Designee is responsible for conducting the internal review and for ensuring that corrective action is taken, when determined necessary.*

#### **VII. Staff training**

- A. CHOICE, unlimited will provide staff with orientation and annual training on EUMR as required in Minnesota Statutes, section [245D.09](#).
1. Before having unsupervised direct contact with persons served by CHOICE, unlimited will provide instruction on prohibited procedures that address the following:
    - a. what constitutes the use of restraint, time out, seclusion, and chemical restraint;
    - b. staff responsibilities related to ensuring prohibited procedures are not used;
    - c. why such prohibited procedures are not effective for reducing or eliminating symptoms or undesired behavior;
    - d. why prohibited procedures are not safe.
  2. Within 60 days of hire CHOICE, unlimited must provide instruction on the following topics:
    - a. 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;
    - b. de-escalation methods, positive support strategies, and how to avoid power struggles;
    - c. how to recognize, monitor, and respond to the person's physical signs of distress.
    - d. the physiological and psychological impact on the person and the staff when restrictive procedures are used;
    - e. the communicative intent of behaviors; and
    - f. relationship building.
- B. 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 or in the 12-month period before this program's 245D-HCBS license became effective on Jan. 1, 2014.
- C. The program must maintain documentation of the training received and of each staff person's competency in each staff person's personnel record.

Policy reviewed and authorized by:

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Print name & title

Signature

2.I.u. Emergency Use of Manual Restraint Policy  
 Reviewed and Revised: 1/17/23 pending stakeholder review  
 Policy Manual 2, Section I. Intake Packet, Orientation Manual, ADP