



## **HCBS RULE 3 POLICIES AND PROCEDURES ON MANUAL RESTRAINTS**

The setting is selected by the individual based on the individual's needs, preferences, and resources available for room and board. This setting ensures that individuals' right of privacy, dignity and respect and freedom from coercion and restraint. This home encourages independence in making life choices including choices about daily activities and with whom to interact.

### **Scenario #1**

This home does not use manual restraints.

### **Scenario #2 Use of Manual Restraints**

Manual restraints are serious and always the last resort, if manual restraints are used staff will be debriefed as to the techniques they used and any triggers that could have been acted upon to avoid a manual restraint. And other staff who might have been in contact with that individual will be required to attend in-service refresher training on manual restraints.

Staff will be trained to monitor breathing during physical containment. In addition, staff will be trained with any special health issues individuals they are working with might have. This would include individuals with weakened bones, heart condition, and any psychiatric conditions that might escalate for being put in a manual restraint.

### **The maximum time of physical restraint will be based on the following:**

- a) Any time limit imposed by technique used such as Pro-Act dictates manual restraints are not to be used for more than three minutes at a time.
- b) The written intervention plan will include any maximum time limit for use of manual restraints.



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### **Scenario #3 Emergency Intervention Protocol per Title 22**

We will comply with Title 22 Emergency Interventions 85100- 85175 with special attention to:

#### Article 1. GENERAL REQUIREMENTS

#### **85100 GENERAL**

- (b) When a client's behavior presents an imminent danger of serious injury to self or others, the licensee shall use a continuum of interventions starting with the least restrictive intervention. More restrictive interventions may be used only when less restrictive interventions are determined to be ineffective.
  
- (c) Adult Residential Facility staff may use manual restraint with a client only if:
  - (1) The force used does not exceed that which is necessary to avert the injury or danger being threatened.
  - (2) The risk of injury caused by the force applied does not exceed the risk of injury being averted.
  - (3) The manual restraint is used when a client's behavior presents an imminent danger of serious injury to self or others.
  - (4) The duration of a manual restraint ceases as soon as the risk of imminent danger of serious injury to self or others from the client's behavior has ceased; and
  - (5) Manual restraint is not otherwise prohibited by statute or regulation.



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#### **85102 EMERGENCY INTERVENTION PROHIBITIONS**

- (a) The following emergency interventions shall not be used on a client:
- (1) Mechanical restraints.
  - (2) Manual restraint as an extended procedure.
  - (3) Manual restraint when imminent risk of serious physical harm to self or others is no longer present.
  - (4) Adverse behavior modifications, including but not limited to body shaking, water spray, slapping, pinching, ammonia vapors, sensory deprivation and electric shock.
  - (5) Pain, induced to control behavior or limit movement, including but not limited to arm twisting, finger bending, joint extensions and headlocks.
  - (6) Any manual restraint technique that obstructs a person's airway or impairs or restricts breathing or circulation.
  - (7) Manual restraint with the person's hands held or restrained behind the person's back;
  - (8) Any manual restraint technique in which a staff member places pressure on a person's back or places his or her body weight against the person's torso or back;
  - (9) Placement of an item that covers the head or face.
    - (A) Padding, placed under the head, to prevent injury is permitted, provided it does not impair breathing.
  - (10) Chemical restraint or psychotherapeutic or behavior modifying drugs in a manner prohibited by Health and Safety Code section 1180.4(k);
  - (11) Techniques reasonably expected to cause serious injury that may require medical treatment from a health practitioner, licensed under division 2 of the Business and Professions Code.



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- (12) Verbal abuse or physical threats.
- (13) Isolation in an area from which the client cannot voluntarily exit including, but not limited to, denying a request from a non-ambulatory client to exit a chair or an unlocked room.
- (14) Manual restraint for more than 15 consecutive minutes unless the licensee is in compliance with Section 85122(e)(6);

**85122 EMERGENCY INTERVENTION PLAN**

- (a)(1) The Emergency Intervention Plan shall be designed and approved by the applicant or licensee in conjunction with a Behavior Management Consultant and shall be part of the Plan of Operation.
- (b) The Emergency Intervention Plan shall specify the less restrictive or non-physical de-escalation methods that may be used to identify and prevent behaviors that lead to the use of manual restraint.
- (c) The Emergency Intervention Plan shall also specify the techniques that a licensee may use in an emergency when the use of manual restraint is necessary to prevent serious physical harm to an individual and no less restrictive or non-physical technique is effective.



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#### **85161 EMERGENCY INTERVENTION DOCUMENTATION AND REPORTING REQUIREMENTS**

- (a) Each use of manual restraint shall be reported to the client's authorized representative, if any, by telephone, no later than the next calendar day. This report shall include the type of emergency intervention used, the duration of the manual restraint, the time the event was reported to the authorized representative, and the time and response of the authorized representative and shall be documented in the client's file.
  
- (b) Each use of manual restraint shall be reported to the Department in writing no later than the next business day. This time frame shall supersede the reporting time frame required by Section 80061(b).
  - (1) An incident report of the use of the manual restraint shall be reviewed, for accuracy and completeness, and signed by the licensee or licensee's designee prior to submission to the Department.
  - (2) If a manual restraint technique that was not part of the facility Emergency Intervention Plan or the Individual Emergency Intervention Plan was used during the emergency intervention, the plan for corrective action, at minimum, shall require staff to repeat or obtain emergency intervention training. Within 24 hours of the licensee's discovery of non-compliance of the Plan, the licensee shall also submit a plan for corrective action to the Department to describe how he or she will ensure that there is no recurrence of a violation of the Plan. This shall not impede upon the Department's authority to enforce applicable statutes and regulations or initiate administrative action.
  
- (c) The report in Section 85161(b) above must include the following:
  - (1) A description of the client's behavior that required the use of manual restraint, and description of the precipitating factors, including behaviors of others, which led to the intervention.



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- (2) Description of what manual restraints were used, how long the client was restrained.
  - (3) Description of what non-physical interventions were utilized prior to the use of the manual restraint; explanation of why more restrictive interventions were necessary.
  - (4) The client's verbal response and physical appearance, including a description of any injuries at the completion of the manual restraint, whether they are related to the manual restraint, and how the licensee became aware of the injury.
  - (5) Description of injuries sustained by the client or facility personnel, what type of medical treatment was sought and where was client taken or an explanation if medical treatment was not sought for injuries.
  - (6) Name(s) of facility personnel who participated in or witnessed the manual restraint or.
  - (7) Name of the certified administrator who approved the continuation of the manual restraint for more than 15 minutes.
  - (8) If it is determined in the debriefing, as required in Section 85168.3, that facility personnel did not adequately attempt to prevent the manual restraint, a description of what action should have been taken by facility personnel to prevent the manual restraint incident shall be documented. This documentation shall also include what corrective action will be taken or not taken and why.
  - (9) If law enforcement was involved, a description of the precipitating factors, including behaviors of others, which led to the police intervention.
  - (10) Date and time of other manual restraint involving the same client in the past 24 hours.
- (e) A copy of the incident report shall be made available for review, inspection, audit or copy, upon request, by the Department as specified in Section 80070.



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- (f) The information required in subdivision (b), shall be documented following the use of manual restraint or no later than the end of the working shift(s) of the staff(s) who participated in the manual restraint.
  
- (g) The licensee shall maintain a monthly log of information related to each use of manual restraint, which includes:
  - (1) The name of each client for which a manual restraint was used.
  - (2) The date and time of the manual restraint.
  - (3) The duration of time of the manual restraint.
  - (4) The behaviors of others connected to the incident and factors that contributed to the incident.
  - (5) The name(s) and job title(s) of staff that participated in the manual restraint.
  - (6) The name of the certified administrator that approved the continuation of the manual restraint for more than 15 minutes, if applicable.
  - (7) A description of the manual restraint and type used, including:
    - (A) The outcome to the client, including injury or death.
    - (B) The outcome to the staff, including injury or death.
  - (8) The total number of incidents of manual restraint per month.
  - (9) The total number of serious injuries to clients as a result of manual restraint per month.