

Manual of Administration

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| TOPIC: Support Services | SUBJECT: Intrusive Behavior- Intervention (Physical Restraint) | Code: SS160 |
| | | Date of Issue: February 2002 |
| | | Revised: June 2019 |
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PURPOSE:

This policy is to clarify Avenue II's position on the use of Physical Restraint during times when an individual we support is at risk on causing serious bodily harm to themselves or another person. Regulation 299/10

POLICY STATEMENT:

Avenue II Support Workers are to support individuals with dignity and respect at all times **utilizing the least restrictive support alternative necessary to provide for the safety and well-being of the individuals we support and others.** It is the position of Avenue II and the Ministry of Community and Social Services, that physical restraint is only used as a last resort after all other Non-Violent Crisis Intervention (NCI) support techniques have proven unsuccessful in preventing an individual from harming or injuring themselves or others. Non-Violent Crisis Intervention (NCI) is recognized and approved as an acceptable method of Physical Restraint acceptable under Ministry regulations. All staff will receive updates for NCI as required by NCI every 3 years as required by Avenue II.

Avenue II forbids the use of mechanical or chemical restraints that have not been ordered and approved by the individual's physicians. Avenue II forbids staff to provide physical restraint to an individual lying on the floor face down or in a fashion that compresses the chest, stomach or neck area.

DEFINITIONS:

Physical Restraint: Is the physical control of an individual's movements by one or more people, safely restricting the movement of the individual with the use of their hands, using one of a variety of holding techniques approved by NCI.

For greater clarity, physical restraint does not include:

- restriction of physical movement, physical redirection or physical prompting, if the restriction of movement, physical redirection or physical prompting is brief, gentle and part of an approved support strategy.

Ministry: Refers to the Ministry of Community and Social Services.

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Monitor and Assess: Staff applying physical restraint must continually monitor and assess the individual's status during the restraint.

1. **Level of consciousness** - Individual must be conscious and interact.
2. **Breathing** - Visually monitor that it is not labored or gasping.
3. **Skin Condition** - Colour, damp, dry, temperature to the touch.

If at any time, the individual does not meet the criteria or you think that they are at risk medically, release the hold and call 911 for assistance. Ensure the individual and staff safety as much as possible, until assistance arrives or the situation de-escalates.

PROCEDURE:

Physical restraint is to be used only as a last resort for the purpose of preventing an individual we support from physically injuring or further physically injuring himself or others. The method followed for physical support will be defined in the individual's support strategies. These strategies will be located in the individual's log books at their home, the office at Bay Court and in the Central File at the main office. These support strategies will be approved by the individual's family, significant others, team, Manager, and Director of Support Services.

- A. Physical restraint will only be applied to a person's arms/hands, legs/feet, shoulders and forehead. If the person is in a horizontal position, they must be face up.
- B. **Physical Restraint:**
 - I. Physical restraint may be carried out only for the purpose of preventing an individual we support from physically injuring or further physically injuring himself or herself or others.
 - II. Physical restraint may never be carried out for the purpose of punishing the individual.
 - III. Physical restraint may be carried out only if there is a clear and imminent risk that the individual will physically injure or further physically injure himself or herself or others.
 - IV. Physical restraint may be carried out only after it is determined that less intrusive interventions are or would be ineffective in preventing the individual from physically injuring or further physically injuring himself or herself or others.
 - V. Physical restraint may be carried out only by staff who have successfully completed the Non-violent Crisis Intervention course and who are current in their qualifications

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- VI. Only those physical holding techniques in which the staff member(s) have received specific training may be used to restrain an individual we support.
- VII. When physical restraint is necessary, it must be carried out using the least amount of force required to restrict the individual's ability to move freely.
- VIII. During physical restraint, the individual's condition must be continually monitored and assessed.
- IX. Physical restraint of an individual must be stopped upon the earlier of the following:
- When there is no longer a clear and imminent risk that the individual will physically injure himself or herself or others.
 - When there is a risk that the physical restraint itself will endanger the health or safety of the individual.
- C. An Incident Report will be completed immediately following any physical restraint situation, identifying the method of physical restraint that was used.
- D. Support Staff must immediately notify management through the office or On-Call that physical restraint has been used.
- All physical restraint documented with an Incident Report and not a part of normal support strategies must be reported to the Ministry through the Protocol for a Serious Occurrence Policy AD155 by the Executive Director.**
- Physical restraint that has been identified in the individual's routines as normal support strategies for activities of daily living and regular routines do not require an Incident Report.
- E. Debriefing Process:
- When physical restraint documented on an incident has occurred, debriefing is required by the Ministry in accordance with the following guidelines.
1. Debriefing Process For Staff:
 - 1.1 Debriefing process (staff) must be conducted among the members of the team who were involved in the physical restraint within 48 hours of the occurrence.
 - 1.2 Debriefing (staff): debriefing can take on many forms depending on the incident and the preferences of the staff.

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- 1.3 Options available are: EFAP, Internal debriefing, discussion with Manager/On-Call.
- 1.4 The time, date, and outcome of the debriefing should be documented on the Incident Report or in On-Call notes.
2. Debriefing Process for an Individual We Support:
 - 2.1 Another debriefing process must be conducted jointly with staff who physically performed the restraint and the individual restrained within 48 hours of the occurrence. This process must be structured to accommodate the psychological and emotional needs and cognitive capacity of those involved. The outcome should be documented on the Incident Report.
 - 2.2 Debriefing (individual we support) debriefing should take place between the staff involved and the individual as soon as possible after the incident has concluded as per NCI guidelines.
 - 2.3 The contact person will be notified of physical restraint if part of a Behaviour Support Plan or result of crisis.
3. If circumstances do not permit a debriefing process to be conducted within 48 hours then it must occur as soon as possible and a record must be kept of the circumstances which prevented the debriefing from being conducted within 48 hours.

Support workers who physically restrain an individual in a manner which does not adhere to this policy and the individual's specific support strategies, will be disciplined severely, up to and including immediate termination.

When Intrusive Behavior Interventions are part of an individual's behavioral support plan, the plan must be reviewed by a psychologist or a psychologist associate, a physician, a psychiatrist or behavior analyst, certified by the Behavior Analyst Certification Board, at least twice in each 12 month period.