




CHAPTER I: GENERAL ADMINISTRATION	
TITLE: USE OF PHYSICAL MANAGEMENT, RESTRAINT AND SECLUSION	
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APPROVED:	
REGGIE BICHA, EXECUTIVE DIRECTOR	

BACKGROUND/PURPOSE:

The purpose of this policy is to ensure that individuals in the care and custody of the Colorado Department of Human Services (CDHS) will be free from restraint or seclusion in any form except in emergency situations for the safety of the individual and staff or when less restrictive interventions have been ineffective in protecting the individual or others from harm.

POLICY:

It is the policy of CDHS that in the event that seclusion or physical management of an individual is necessary, it should never be imposed as a means of coercion, discipline, convenience or retaliation by staff. The least restrictive form of external control shall be used while maintaining safety. Restraint shall only be allowed for the minimum period of time necessary to accomplish its purpose and in the case of physical restraint, using no more force than is necessary to limit the individual's freedom of movement to ensure the safety of the individual or others. The Department and its partners acknowledge that there are many types of physical restraint, including but not limited to: standing, seated, supine, and side lying.

APPLICATION AND SCOPE:

This policy applies to State operated facilities, licensees, agencies contracted to provide care, providers and/or individuals providing care on behalf of CDHS. This policy does not apply to private hospitals or law enforcement personnel responding to incidents at the agency.

State and federal statutes and State Department rules concerning the use of seclusion, physical management and/or restraint apply. Where state and federal law and regulation regarding restraint are more lenient than this policy or State Department rules, State Department rules shall be followed.

The provisions of this policy shall not apply to any agency while engaged in transporting a person from one facility or location to another facility or location when it is within the scope of that agency's powers and authority to effect such transportation.

DEFINITIONS:

"Agency" means any State operated facility, licensee, agency contracted to provide care, providers and/or individuals providing care on behalf of CDHS.

"Chemical restraint" means giving an individual medication involuntarily for the purpose of restraining that individual; except that chemical restraint does not include the involuntary administration of medication pursuant to section 27-65-111 (5), C.R.S., or administration of medication for voluntary or life-saving medical procedures. A chemical restraint does not include a drug or medication that is a usual and customary part of a medical diagnostic or treatment procedure to treat the individual's medical condition or symptoms or to promote the individual's independent functioning.

"Emergency" means a serious, probable, imminent threat of bodily harm to self or others where there is the present ability to effect such bodily harm.

"Mechanical restraint" means a physical device used to involuntarily restrict the movement of an individual or the movement or normal function of a portion of his or her body.

"Nationally Recognized Criteria" for the purpose of this policy, means a set of standards that are incorporated into the model of physical management that meet specific criteria established in rules promulgated by the CDHS. The rule will identify criteria that are acknowledged throughout the Nation as acceptable and appropriate for use with at-risk populations.

Nationally Recognized Criteria shall include, at a minimum the following criteria:

1. Annual staff training and/or certification, to include training upon hire, and ongoing (at least every six months) refresher training or practice exercises for each staff member trained or certified in restraint, to review and refresh skills involved in positive behavior intervention, prevention, de-escalation, and physical management, in accordance with the model.
2. A restraint prevention and de-escalation component, to include identifying antecedents that may cause an individual to escalate, and/or development of behavior management plans that are in alignment with individual treatment plans if necessary.
3. A physical management process that prohibits or provides alternatives to a prone position, and includes identifying primary control techniques that emphasize utilizing only the minimum amount of force necessary to gain control and keep the individual safe.
4. A debriefing process which includes a review of physical management, to determine the appropriateness and effectiveness of preventive/de-escalation techniques used, the appropriateness of physical management, and how, or if, physical managements are preventable.

"Physical Management" means the physical action of placing one's hands on an individual. Physical management may be used to gain physical control in order to protect the individual or others from harm after all attempts to verbally direct or deescalate the individual have failed. Physical management may be utilized when an emergency situation exists.

The physical management continuum may include:

1. Utilizing transitional measures.
2. Placing one's hands on an individual to physically guide and/or physically control the individual.
3. Use of an approved restraint method to control or contain the individual.
4. Placing of an individual into an approved prolonged restraint method.
5. Physical management may be used to move or escort an individual into seclusion. Seclusion, in itself, is not a form of physical management.

"Physical Restraint" means the use of bodily, physical force to involuntarily limit an individual's freedom of movement.

"Prone Position" means placing an individual in a face down position.

"Prone Restraint" means a restraint in which the individual being restrained is secured for a period of time in a prone position exceeding 5 minutes.

"Restraint" means any method or device used to involuntarily limit freedom of movement, including but not limited to bodily physical force, mechanical devices, or chemicals. Restraint includes a chemical restraint, a mechanical restraint, a physical restraint, and seclusion.

Restraint **does not** include:

1. The use of any form of restraint in a licensed or certified hospital when such use is in the context of providing medical or dental services that are provided with the consent of the individual or the individual's guardian;

2. The use of protective devices or adaptive devices for providing physical support, prevention of injury, or voluntary or life-saving medical procedures;
3. The initial temporary holding or positioning of an individual, for less than five minutes, by a staff person appropriately trained and/or certified for protection of the individual or other persons.
4. The holding of a child by one adult for the purpose of calming or comforting the child.
5. Placement of an individual in his or her sleeping room for the night; or
6. The use of time-out, in an unlocked setting where voluntary egress is not prevented, and as may be defined by written policies, rules, or procedures.

"Seclusion" means the placement of a person alone in a room from which egress is involuntarily prevented. Incidents of seclusion may be reported separately from other types of restraint episodes as required by federal law.

"Transitional measure" means physical guidance, prompting techniques of short duration, or an initial temporary approved physical positioning of an individual at the onset or in response to a re-escalation during a physical management, for the purpose of quickly and effectively gaining physical control of that individual in order to prevent harm to self or others. Momentary utilization of a short term (as quickly as possible, but not to exceed 5 minutes) prone position is only permissible during a transitional measure.

USES OF RESTRAINT AND SECLUSION:

Staff may only use:

1. Restraint after they have been appropriately trained or certified in accordance with a model that includes nationally recognized criteria;
2. Restraint or seclusion in an emergency;
3. Restraint or seclusion after the failure of less restrictive alternatives;
4. Seclusion where there is a determination that participation in regular programming poses a serious, probable or imminent risk to the individual or others; and/or
5. Seclusion may be used pursuant to a valid court order that the client is kept separate from the general population.

AGENCY POLICIES OR PROCEDURES ON RESTRAINT:

All agency policies or procedures developed for implementation of this policy will adhere to the following:

- A. When seclusion is utilized, Relief periods shall be provided for reasonable access to toilet facilities. While in seclusion, staff shall be physically present and individuals shall be visually observed no less than every fifteen (15) minutes or as otherwise required in State Department rules or agency policy.
- B. The use of prone restraint is prohibited. Momentary (as quickly as possible, but not to exceed 5 minutes) utilization of a prone position is permissible only during the transitional measure portion of a physical management.
- C. When using a physical or mechanical restraint method, in the course of a physical management, trained or certified staff shall be positioned within arm's length of the individual and continuously monitor the person to assure that the individual is properly positioned, that the individual's blood circulation is not restricted, that the individual's airway is not obstructed, and that the individual's other physical needs are met. Staff shall not place excessive pressure on the chest, abdomen or back of an individual or inhibit or impede the individual's ability to breathe. Staff shall continuously monitor to ensure that the breathing of the individual in such restraint is not compromised. If the individual is exceedingly agitated, staff may move further from the individual, but must still be able to effectively assess, and respond as necessary, to the individual's physical condition. If breathing is compromised in any way, the restraint shall be discontinued immediately and a physical assessment shall occur to determine if medical attention is needed.

1. A transitional measure may be used during an episode of physical management to effectively gain initial physical control of an individual in order to prevent harm to self or others. A transitional measure may result in a restraint to maintain prolonged physical control or containment of an individual.
 2. When mechanical restraints are used, staff shall provide relief periods, except when the individual is sleeping, of at least ten minutes as often as every two hours, so long as relief from the mechanical restraint is determined to be safe. During such relief periods, the staff shall ensure proper positioning of the individual and provide movement of limbs, as necessary. In addition, during such relief periods, staff shall provide assistance with toileting, as necessary. The individual's dignity and safety shall be maintained during relief periods. Staff shall note in the record of the individual being restrained the relief periods granted.
 3. An individual in physical restraint shall be released from such restraint within fifteen minutes after physical control of the individual is gained, except when precluded for safety reasons and documented accordingly.
- D. A chemical restraint shall be used only on the order of a physician, or an advanced practice nurse with prescriptive authority, who has determined that the use of chemical restraint is justified either while present during the course of the emergency or through phone consultation in adherence with the following:
1. The physician or, when statutorily authorized, an advanced practice nurse, may order a chemical restraint after telephone consultation with a registered nurse, licensed physician assistant, or nurse practitioner present at the time and site of the emergency and who has participated in the evaluation of the individual, that such form of restraint is the least restrictive, most appropriate alternative available.
 2. An order for a chemical restraint, along with the reasons for its issuance, shall be recorded in writing at the time of its issuance.
 3. Such physician, if present, shall sign an order for a chemical restraint at the time of its issuance at the time of the emergency.
 4. Telephone orders for chemical restraint are communicated to a registered nurse or other staff person authorized to accept a phone order, who will record the order on the medical or other record. Telephone orders must be repeated back to the physician or physician's assistant with verification of the order noted in writing by the registered nurse or other authorized person taking the order. In all cases, these orders will be authenticated as soon as possible by a physician but no later than 30 days after dictated or entered onto the record.
 5. Staff trained in the administration of medication shall make notations in the record of the individual's response to the chemical restraint.

STAFF TRAINING

1. Staff utilizing any physical management in facilities or programs shall be trained in the appropriate use and implementation of a model that includes nationally recognized criteria as defined above, and in accordance with licensing rules where applicable, including how to assess the signs of physical distress in a person in restraint.
2. All agencies shall ensure that staff are trained to explain, at time of admission, the use of physical management, restraint and seclusion to the individual and to the individual's family if appropriate.

DOCUMENTATION

Each agency shall have processes in place to document the reason for the physical management and/or seclusion, alternative methods attempted, and the type and duration of physical management and/or seclusion in the record of the individual as required in rule, agency policy, or contract.

REVIEW

1. Each State operated facility shall include seclusion, physical management and restraint in its critical incident review process and/or quality management program.
2. Every six (6) months each State operated facility shall conduct an analysis of its usage of seclusion and restraint with the goal of reducing the use of physical management, seclusion and restraints.
3. All agencies shall have an administrative oversight component, to include, at a minimum, tracking and reviewing episodes of seclusion, physical management and restraint data such as through a quality assurance or performance improvement process.