



# RESTRAINT AUTHORIZER LEGAL TRAINING

*Mandated Training for Anyone Approved to  
Authorize Use of Emergency Restraint*

Department of Developmental Services – Office for Human Rights  
October 10, 2012

# Authorizer Legal Training

*An authorizer is:*

*a role assigned in the Department's statute to make certain there is someone who understands the importance of restraint and is working, from beginning to end;*

- a.** to make certain that any use of restraint is absolutely necessary, the less restrictive way to ensure safety, and
- b.** that it ends as quickly as possible.



# *What is required to be an authorized staff person?*



The person must...

- Have completed an approved restraint program and been certified as a person eligible to apply a restraint.
- Successfully complete this online training program.
- Have a letter in their personnel file from the head of their agency selecting them for this role.

# *What does an authorized staff person do?*

- Ensure that all possible has been done to better the situation and prevent the need for an emergency restraint.
- Ensure that the situation really qualifies as an emergency situation as defined by 115 CMR 5.11(1) Emergency



# *What does an authorized staff person do (continued)?*

- Determine that the least restrictive technique available to keep the person safe is being used.
- Determine the earliest point to end restraint.
- Work with the “staff in attendance”, who ensures the person is not in physical or emotional distress, to protect the safety of the individual being restrained. Staff in Attendance must not be applying the restraint when required 15 minute checks are done

*[A staff in attendance is a person trained through the restraint applier training to monitor the condition of a person being restrained]*

# *What does an authorized staff person do (continued)?*

- Provide on-going evaluation to assess whether the person in restraint is calming down and if it goes beyond 15 minutes, determine if additional assistance may be needed.
- Lead an assessment, if the restraint is close to exceeding the time for the initial or renewed authorization, to determine if some other means is necessary such as proposed in medication, plan, etc. as a less restrictive or more helpful way to support the person.



# Rules Governing Use of Emergency Restraint

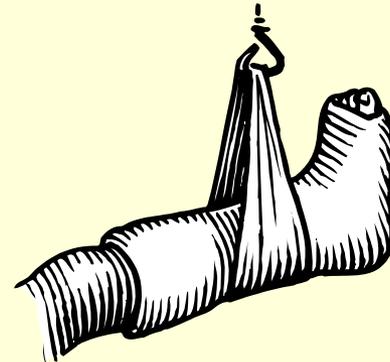


# Rules Governing Emergency Restraint

## Emergency Defined

Emergency means a person would observe one or more of the following:

- A. Incidence of serious self-injurious behavior
- B. Occurrence of serious physical assault.
- C. Imminent threat of serious self-injurious behavior or behavior likely to lead quickly to self-injurious behavior.



# Rules Governing Emergency Restraint

## Emergency Defined

D. Imminent threat of serious physical assault, or has engaged in any act which indicates an intention to carry out assault, immediately (imminent threat or occurrence of property damage, itself, is not an emergency, unless it has the potential to harm that person or others)



# Rules Governing Emergency Restraint

## Other Rules



### Other rules include:

- use permitted only in an emergency;
- use only when less restrictive measures have failed, or professional judgment concludes these are not appropriate to the existing circumstance;
- use only for the period necessary, but never longer than times allowed in 115 CMR 5.11 (6);
- no standing order (PRN for restraint) to use as needed.

# Rules Governing Emergency Restraint

## Other Rules (continued)

- *Seclusion* which includes a person alone in a room, or other area with way out blocked, *is prohibited* unless established as a time out intervention in an approved behavior support program.
- Locked buildings prohibited, except as necessary for the safety of the occupants.
- Restraint is *not allowed as punishment*.
- Restraint is *not allowed for convenience of staff*.



# Rules Governing Emergency Restraint

## Other Rules (continued)

- If a person is headed to a door or other specific point (and response is not spelled out in behavior support plan):
  - and you **use force over active resistance** to prevent this, **this is an emergency restraint.**



- and you **gently guide** them physically while encouraging them to go in another direction and **they willingly go without struggle, this is not a restraint.**

# Rules Governing Emergency Restraint

## Other Rules (continued)

- If you need to move a person to a specific destination to move them away from a dangerous situation and use physical force over active resistance, this is a form of emergency restraint.



# Rules Governing Emergency Restraint

## Other Rules (continued)

- If one or two staff are holding a person in a comforting or gentle manner, they may do so for up to five minutes without it being considered an emergency restraint. As implied, if a third person is needed, this is deemed a restraint.



# Rules Governing Emergency Restraint

## Other Rules (continued)

- If an emergency has occurred in a van or other transportation and there is no plan developed (informally and in advance, or in the ISP) to address it, any form of force over active resistance is a restraint and a restraint form is required.



# Rules Governing Emergency Restraint Documentation

- All agencies are responsible for documenting the event in the on-line **HCSIS restraint module**. The agency has **3 calendar days** to finalize the initial restraint form (including the individual comments, *even where the individual may be non-verbal*).
- The **Restraint Manager** (intended to fill the role of the Head of Provider in monitoring restraints) **has 5 calendar days from the event, to review and finalize** their report on what happened.
- Restraint Manager/HOP review should include results of a *post-restraint review* of the incident with those who were involved in the restraint.



# Rules Governing Emergency Restraint Documentation– (continued)

- The provider's Human Rights Committee also needs to review each restraint and the Human Rights Coordinator shall report their findings into the HRC portion of the HCSIS restraint form.
- Any safety checks should also be documented in the form.



# Rules Governing Use of Physical Restraint



# Rules Governing Physical Restraint Boundaries for Authorization

- *Head of Provider (HOP)*, HOP designee (see definition in 115 CMR 5.02), or authorized physician may issue an order to authorize restraint for up to two hours. May be renewed up to two times if warranted, *no more than 6 consecutive hours allowed.*

*The HOP is person with executive responsibility for the operation of all services and supports at the residence or day program site whose authority the emergency occurs under.*



# Rules Governing Physical Restraint Boundaries for Authorization (Continued)

- *Authorized staff person* may authorize restraint for up to one hour. Authorized staff may also authorize a *renewal for one additional hour*, but HOP must examine the person after one hour of restraint. Failure to do this must be reported on the HCSIS restraint form, in the Restraint Manager/HOP review portion, along with the reasons.



## Rules Governing Physical Restraint Boundaries for Authorization (Continued)

- A “*Staff in Attendance*” must be available to monitor the restraint, and document this, at least every 15 minutes while not applying. This allows them to see the person’s face and communicate with them during the restraint. If a trained person isn’t available to be free from application, a non-trained staff may be used under consult with an applier (training for this is embedded in restraint training curriculum).

# Rules Governing Physical Restraint Boundaries for Authorization

- If no one qualified as a “staff in attendance” is available to monitor a restraint, the event may not continue beyond 2 hours. 
- Should these circumstances occur it must be documented and explained in the HCSIS restraint form in the Restraint Manager/HOP review. Agency should present how they will prevent this in the future.



# Rules Governing Physical Restraint Boundaries for Authorization

- More than 85% of all restraints are 15 minutes or less in duration. In the rare event that an event goes on for more than two hours, a 10 minute relief period is required to be given and documented. If the judgment of the HOP or authorized staff person determines it is not safe to release, they must document this judgment in the restraint form. Programs likely to be in this circumstance should have a protocol for partial relief for each limb being held, or other strategy to safely accomplish the required release.



# Rules Governing Physical Restraint Boundaries for Authorization

- In the same rare event that a restraint goes to two hours, the HOP (or at one hour when authorizer is an authorized staff person) has a responsibility to determine if it would be less intrusive to implement a chemical restraint protocol. In most community settings, however, this would likely require calling an ambulance to take the person to the Emergency Room.



- Consideration of whether more help may be needed should be assessed from very early on, as well as alternative strategies to calm the person.

# Rules Governing Use of Chemical Restraint





# Rules Governing Use of Chemical Restraint



- **Chemical restraint** is the required use of a chemical to at least partially impair a person in an emergency.
- Chemical restraint may **only be initiated** when a **physician determines** it the most appropriate alternative available to a person.
- **Physician must either be** present, or be consulted by phone by a registered nurse, nurse practitioner, or certified physician's assistant, who is present with the person.



# Rules Governing Use of Chemical Restraint

(continued)

- If phone order, **the medication to use must be documented** in the person's medication treatment plan for use as chemical restraint, prior to implementation.
- Order must be documented by the physician or medical professional consulting the physician
- **Chemical relaxation for medical or dental treatment is not a restraint**, but is deemed incidental to treatment. Use of the medication must be consented to.



# Rules Governing Use of Chemical Restraint

(continued)

- PRN (as needed) medication for treatment purpose is not a form of restraint. It must be bound by a clinically derived set of observable criteria issued to staff for use to determine when it may be needed.
- Difference between PRN and chemical restraint is that a PRN helps person become more able to engage in program, while chemical restraint partially, or wholly incapacitates a person.

# Rules Governing Use of Mechanical Restraint



# Rules Governing Use of Mechanical Restraint



- No community provider may issue a mechanical restraint, other than for use of mitts, absent a waiver from the DDS Office for Human Rights, per 115 CMR 5.11 (6)(b)2.
- Mitts or mechanical restraints, where applied, must be checked at least every 15 minutes for comfort, body alignment, and circulation by authorized staff person or staff in attendance (see 115 CMR 5.11 (6)(e)1. for staff in attendance)

# Rules Governing Use of Mechanical Restraint

(Continued)

- No person may be held in a mechanical (or physical) restraint for more than *6 consecutive hours.*
- No person may be held in a mechanical restraint for *more than a total of 8 hours in a 24 hour day.*

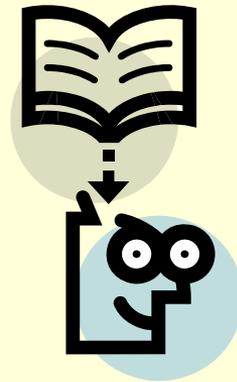




# Rules Governing Use of Mechanical Restraint

- **Transportation restraint** is a planned strategy involving more than a standard passenger seat belt, to support a person to safely participate in vehicular transport from one site to another. If not formally part of the ISP an “unplanned transportation restraint” HCSIS incident report must be filed for each use.
- The ISP Team needs to identify the least restrictive means for accomplishing this and address it in a modification of the person’s ISP. The Team further needs to identify any possible strategy for reducing or eliminating the need for such a restriction.
- No HCSIS form is required if intervention is in the person’s ISP. The Agency’s Human Rights Committee must review plan.

# Putting Concepts Together



# Putting Concepts Together

## Scenario;



George is 55 years old and grew up in a home that experienced periodic family violence. He has a moderate level of intellectual disabilities and carries a diagnosis of anxiety disorder. When he paces for more than five minutes he starts to get agitated and wary of others. If he isn't well supported he has been known to start to hit and kick others. If this happens he gets very angry, creating a very dangerous situation.

# Putting Concepts Together

## Scenario continued



### Questions:

Do we know the kinds of things that could first trigger his anxiety, causing him to pace?

What would happen if, when staff saw him starting to pace, they approached him and noted that he seemed to be anxious and ask if there is some way they could help him?

*We don't have answers to these questions here*, but they are samples of the work to be done in putting the person in the middle of our analysis, and thinking first about his or her needs.

# Putting Concepts Together

## Scenario continued

- George's Level I behavior plan states that once he starts pacing staff can help him accept their offer that he take his PRN medication support, but problem solving about what upset him at this point, will only make him more agitated.
- The plan says that if they approach him before he has been pacing for five minutes they can remind him of his medication and invite him to go to a quiet area with the staff to take it, and he willingly goes.
- The intent is to get him away from what bothered him, get him to use his medication to calm, then they can problem solve with him. It is not clear he can calm at this point, without the PRN medication.



# Putting Concepts Together

## Scenario continued

### What happens:

Another individual had a behavioral problem that escalated to restraint, requiring multiple staff to intervene. This scared George, triggering past memories and he started pacing, but it took awhile for staff to notice. Staff offered George to walk to a place he could take his medication and he yelled “NO!”

# Putting Concepts Together

## Scenario continued

### What the plan says staff should do:

The plan says to tell George you recognize he is upset and tell him you need him to not yell.

Remind him he can go to take his medications, but keep your distance and give him time to respond.



# Tools for Putting Concepts Together

Scenario continued



## How do staff react?

One of the staff gets scared by the loudness and anger expressed by George, and feared George was angry beyond re-direction. He told George that he couldn't be this way and had to leave the room now. He pointed to the door. George charged at the staff and raised his hand to hit him. The other staff intervened and blocked George and the two moved in to gain control and put George in a supine floor hold.

# Putting Concepts Together

## Scenario continued

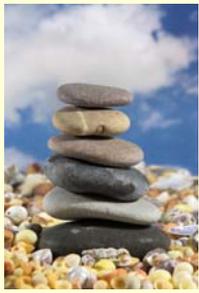
- Most curricula to train staff how to intervene in these situations talk about the personal reactions of staff. These can interfere.
- By the time the other staff was blocking George, he wouldn't calm as it had gotten out of control, so he authorized the use of restraint.
- Was it appropriate to authorize this restraint?
- What would you say to the other staff person after the restraint was over?



# Putting Concepts Together

## Scenario continued

- Some agencies only designate more senior staff as authorizers, but there are times when restraints occur when too few people are around and they need to appoint all staff at a setting as an authorizer.
- If there are several persons around, such as in this situation, the **most senior person, or the one with the best rapport with the individual** should take the lead.

A stack of smooth, rounded stones in various shades of grey, white, and yellow, balanced on a bed of smaller pebbles against a blue sky with white clouds.

# Putting Concepts Together

## Scenario continued

- A more seasoned staff would have trusted the clinical write up and tried to express respect for George's feelings, while calmly explaining the need for some boundaries.



- After the first staff yelled at George, the authorizer had little ability to get the situation back under control.
- In this case, *the authorizer should ensure the person filing the HOP/Restraint Manager review understands what happened*, so it can be recognized, both for the sake of planning supports for George and training for the staff, what really happened and how it could have been better.

# Putting Concepts Together

## Scenario continued

- Finally, in the last slide it is implied that the authorizer needs to de-brief with the Restraint Manager. This is critical.



- In this case, need to be re-trained, not because the situation led them not to recognize George's needs in time to easily resolve them, but for how to handle the loud aggressive tones George can express when he has had a chance to wind up his anxiety for awhile.



# Putting Concepts Together

## Scenario continued



- As a person who had been traumatized as a child, George needs to be respected for his feelings when he gets mad. It is important to also be able to set limits with anyone, but important to respect George's feelings and experiences, so any limits being set should include using a supportive or understanding tone that can be heard by the person.
- An authorizer's informal role is to provide helpful observations to the team about how George reacts in different situations. Mistakes made by staff are just as important to note as successful interactions.

# Putting Concepts Together

## Scenario continued

- An authorizer is also responsible to ensure all along that the person is treated with the less intrusive, less restrictive approaches, including restraint techniques.
- An authorizer needs to be in touch with when it may be safe to attempt to release the restraint. It is their decision to make.
- Understanding a person's plan and following its instructions are a critical obligation. Otherwise, staff can end up causing an emergency, like in the case of George, that may not have needed to happen.

# Final Thoughts



- Emergency restraints can be the end of an observable chain of behaviors and actions and reactions that lead to a bad outcome. This means that well trained staff can often identify early steps and develop strategies to prevent an emergency from occurring.
- They also may derive from a medical or emotional event that isn't as clear. Strive to recognize when the person may seem to be having a bad day and look deeper to see if you can understand why.
- Emergency restraints are a significant intrusion on a person's Liberty, their freedom of movement.
- Understanding the range of tools available to constrain situations in non-coercive ways that meet a person's physical and emotional needs is critical and taught in the restraint class.



# Final Thoughts

## (Continued)

- It is important for anyone involved in helping a person or set of persons with what can be dangerous behavior to understand the boundaries of what can be done and what can't be done, or what tools they have to intervene.
- The clear bias of our regulatory scheme is that you can't just choose to limit someone's freedom of movement (or other basic human or civil rights), absent an emergency, or a well thought out plan to solve a compelling problem.



## Final Thoughts (Continued)



- All limitations must use the least restrictive approach of all potentially successful approaches.
- All limitations need to be balanced with treatment or teaching. If George had *two restraints in a week, or three in a month* in response to other person's disruptions (or other settings), the *ISP Team would need to meet* to see if maybe something had changed for him and would need to find a way to teach him whatever may be needed to under cut this trend.

# Final Thoughts

## (Continued)

- A good authorizer oversees a team with fewer restraints of shorter duration, that are safer and the least traumatizing for the subject person.
- Good planning, with an analysis of the function of behavior can be critical to restraint prevention.

*A thoughtful authorizer is a good authorizer and a good member of the person's team!*





# Conclusion of Presentation

Move Next to the Test



# Post Test

1. Any designated staff person who has had formal training can authorize chemical restraint.

a. True

b. False

# Post Test

2. An initial order for mechanical restraint by an *authorized physician* is good for up to:
- A. 1 hour
  - B. 2 hours
  - C. 3 hours
  - D. 4 hours

# Post Test

3. What is the maximum time a person can be in *continuous* restraint under any circumstance?
- A. 2 hours
  - B. 4 hours
  - C. 6 hours
  - D. 8 hours

# Post Test

4. How often must a person be released (relief periods) when in physical or mechanical restraint?
- A. 5 minutes every hour
  - B. 5 minutes every two hours
  - C. 10 minutes every hour
  - D. 10 minutes every two hours

# Post Test

5. Which is most true: When a person has more than 1 restraint (beyond a 24 hour period) in a week or more than 2 in a month:
- A. The psychologist must change the behavior support plan to a Level II plan.
  - B. The ISP team must meet, evaluate the circumstance around the need for restraint and determine if they need to develop an intervention strategy to lessen the need for use
  - C. The day program needs to be notified in case the person has a problem in work.
  - D. The guardian needs to be notified

# Post Test

6. What is a “staff in attendance/specially trained monitor?”
- A. Someone particularly close to the individual
  - B. Someone trained to authorize the restraint
  - C. Someone who applies the restraint
  - D. Someone trained to understand the physical and emotional reactions to restraint and monitor the restraint.

# Post Test

7. An individual comment report must be filled out even if the person restrained is non-verbal.

A. True

B. False

# Post Test

8. A renewal order for physical restraint which was being *issued by an authorized staff* is good for no more than:
- A. 1 hour
  - B. 2 hours
  - C. 3 hours
  - D. 4 hours

# Post Test

9. Ralph's restraint began 15 minutes ago, but he is getting more agitated, though still under control by restraint, the authorizer should:
- A. End the restraint immediately
  - B. Consult the HOP for potential need for more help.
  - C. Call for an ambulance
  - D. Call the police

# Post Test

10. A person has slapped four peers and Ativan had been ordered to be given when he starts slapping. Though the person still appears agitated, staff manage to get him to accept the medicine from administrator by talking quietly while gently holding his arms from flailing, though he's not fighting it. Staff person continued to hold him gently for two minutes. He goes back to his program and after a break, participates actively. What restraints have been used?
- A. Chemical restraint only
  - B. Chemical and physical restraint
  - C. Physical restraint only
  - D. No restraints

# Post Test

11. A staff person is new in a work area and has been told that a person is having a bad day and had three restraints so far. The staff wants to find out what triggers the person may have and what are the best less restrictive interventions to try. They can:
- A. Talk to the staff person most skilled at calming the person down.
  - B. Talk to the psychologist or supervisor before there is more trouble.
  - C. Look in the behavior support plan ahead of time to learn the antecedents and what to do at this stage of upset for this person.
  - D. All of the above

# Post Test

12. Fred's medical orders include Ativan 3mg IM to be used in the event that his behavior escalates to an emergency. Since the order is already written as part of the monthly orders, does the nurse still need to contact the physician to order the chemical restraint?
- A. Yes
  - B. No

# Post Test

13. Medication augmentation for behavior (PRN for treatment) is part of an approved treatment plan and is implemented when an individual meets observable criteria that is outlined in the plan.
- A. True
  - B. False

# Post Test

14. Jeff had never done this before, but while on the van there was a near accident and he got scared. He reacted by getting out of his seat, screaming and threatening everyone. Staff held him down in his seat. This technically was:
- A. Transportation Restraint
  - B. Unplanned transportation restraint
  - C. Emergency physical restraint
  - D. An unfortunate incident

# Post Test

15. Mary has been striking her right cheek and caused a bruise. The authorized staff person tells you to hold her arms down at her side. After 30 seconds of active resistance, Mary stops attempting to fight the hold and hit herself, which leads to the physical hold to being released. What kind of restraint is this?
- A. Physical restraint
  - B. Mechanical restraint
  - C. Chemical restraint
  - D. Not considered a restraint

# Post Test

16. Physical restraint is *always* less restrictive than chemical restraint, regardless of person's physical condition:

- A. True
- B. False

# Post Test

17. Sally has a restraint that includes holding her wrists. In doing safety checks, staff notice that one of her hands is cold and pale. What action is required?
- A. Increase the frequency of the safety checks
  - B. Elevate her arm
  - C. Loosen the restraint and call doctor for advice
  - D. Release the restraint and hope she will calm

# Post Test

18. Mike's medication plan calls for Ativan 2 mg to be given when he begins to speak loudly and say that he is going to jump out of the window. He does both, but after taking the medication, he is still sitting in his chair and now focused on his task.

Use of Ativan was:

- A. Medication augmentation
- B. Chemical restraint

# Post Test

19. The staff have been following Fred's behavior plan as written but it hasn't been effective. After a half hour of staff blocking, Fred is still vigorously attempting to pull his hair out. The program's clinical staff assesses Fred and instructs staff to hold his arms in an a DDS approved standing hold. They struggle actively with him for 3 minutes and then release. What kind of restraint is this?
- A. Physical restraint
  - B. Mechanical restraint
  - C. Chemical restraint
  - D. Not a restraint, but firm and gentle holding

# Post Test

20. Ron is refusing to empty the garbage at his home, the staff person calls him an “idiot” and threatens to physically force him to take the trash out. Ron hits the staff and gets restrained. This is evidence of:
- A. A proper emergency
  - B. A proper enforcement of house rules
  - C. Abuse or mistreatment
  - D. Use of natural consequences

# Answer Sheet

## Restraint Authorizer Legal

- 1. \_\_\_\_\_
  - 2. \_\_\_\_\_
  - 3. \_\_\_\_\_
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- Name of Person Taking Test: \_\_\_\_\_
- Date: \_\_\_\_\_
- Signature of Person: \_\_\_\_\_