TSE, INC.
BEHAVIOR MANAGEMENT POLICY

I. Purpose

The Purpose of this policy is to identify the necessary components of behavior management programs to be implemented which plan for the elimination, decrease or redirection of maladaptive behaviors. The policy also identifies the procedural safeguards that are to be observed at TSE, Inc. in the design, implementation and review of emergency manual restraint procedures. It is the policy of TSE to promote the rights of persons served by TSE and to protect their health and safety during the emergency use of manual restraints.

II. Application

This policy protects all persons served, and directs all agency staff, substitute staff, consultants and volunteers and all other individuals providing services through TSE.

III. Policy Statements

A. Behavior management procedures will be used as only one element of a CSSP-Addendum that focuses on developing adaptive behaviors.
B. Behavior management plans will include an assessment of environmental and communication factors which may influence the person's behavior.
C. The Human Rights Committee will review any emergency use of manual restraint, as documented on the Behavior Intervention Report Form, to ensure that necessary documentation and follow-up actions have been completed.
D. Behavior management practices will follow the Association for Positive Behavior Supports (APBS) *Positive Support Standards of Practice.*

IV. Definitions

A. Aversive procedure: the application of an aversive stimulus contingent upon the occurrence of a behavior for the purposes of reducing or eliminating the behavior.
B. Chemical restraint: the administration of a drug or medication to control the person's behavior or restrict the person's freedom of movement and is not a standard treatment or dosage for the person's medical or psychological condition.
C. Deprivation: the removal of a positive reinforcer following a response resulting in, or intended to result in, a decrease in the frequency, duration, or intensity of that response. Oftentimes, the positive reinforcer available is goods, services, or activities to which the person is normally entitled. The removal is often in the form of a delay or postponement of the positive reinforcer.
D. Manual restraint: physical intervention intended to hold a person immobile or limit a person's voluntary movement by using body contact as the only source of physical restraint.
E. Mechanical restraint: the use of devices, materials, or equipment attached or adjacent to the person's body, or the use of practices that are intended to restrict freedom of movement or normal access to one's body or body parts, or limits a person's voluntary movement or holds a person immobile as an intervention precipitated by a person's behavior. The term does not apply to the use of adaptive aids or equipment or orthotic devices ordered by a health care professional used to treat or manage a medical condition.
F. Seclusion: the placement of a person alone in a room from which exit is prohibited by a staff person or a mechanism such as a lock, a device, or an object positioned to hold the door closed or otherwise prevent the person from leaving the room; otherwise involuntarily removing or separating a person from an area, situation or social contact with others and blocking or preventing the person's return.
G. Time out: removing a person involuntarily from an ongoing activity to a room, either locked or unlocked, or otherwise separating a person from others in a way that prevents social contact and prevents the person from leaving the situation if the person chooses. For the purpose of this policy, "time out" does not mean voluntary removal or self-removal for the purpose of calming, prevention of escalation, or de-escalation

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of behavior for a period of up to 15 minutes. "Time out" does not include a person voluntarily moving from an ongoing activity to an unlocked room or otherwise separating from a situation or social contact with others if the person chooses. For the purposes of this definition, "voluntarily" means without being forced, compelled, or coerced.

V. Positive support strategies and techniques required

A. Positive support strategies and techniques must be used to attempt to de-escalate a person's behavior before it poses an imminent risk of physical harm to self or others. The following strategies and techniques are to be used, based on the professional knowledge of the TSE staff involved in an escalating situation as to the most effective and appropriate for the person served and the circumstances:

- Follow individualized strategies in a person's CSSP and CSSP-addendum;
- Shift the focus by verbally redirect the person to a desired alternative activity;
- Model desired behavior;
- Reinforce appropriate 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, 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; or
- Respect the person's need for physical space and/or privacy.

B. TSE will develop a positive support transition plan on the forms and in manner prescribed by the Commissioner and within the required timelines for each person served when required in order to avoid the emergency use of manual restraint as identified in section I of this policy or to prevent the person from physically harming self or others.

VI. 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 used must be 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 persons 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.

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.

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VII. Prohibited Procedures

Use of the following procedures is prohibited by TSE:

1. Chemical restraint;
2. Mechanical restraint;
3. Manual restraint used as a substitute for adequate staffing, for a behavioral or therapeutic program to reduce or eliminate behavior, as punishment, or for staff convenience;
4. Time out;
5. Seclusion;
6. Denying or restricting access to equipment and devices that facilitate the person's functioning, except when the person is using them as a weapon.
7. Presentation of intense sounds, lights, noxious smell, taste, substance, or spray, including faradic shock, water mist, or other sensory stimuli, intended as an aversive;
8. Totally or partially restricting a person's senses
9. Any aversive or deprivation procedure.
10. Punishment procedures
    a) Token reinforcement programs or level programs that include
        i.) Response cost procedures
        ii.) Negative punishment procedures
    b) Requiring a person to assume and maintain a specified physical position or posture
    c) Forced exercise
11. Using a person receiving services to discipline another person receiving services

VIII. Manual Restraints Allowed in Emergencies

A. This program allows the following manual restraint procedures to be used on an emergency basis when a person's conduct poses an imminent risk of physical harm to self or others and less restrictive strategies have not achieved safety:

- One person, one-arm Mandt standing restraint – staff standing behind the person with the staff's head chest and hips in contact with the person, holding one of the person's wrists and forearm, holding the forearm across the person's beltline and away from the person's diaphragm;
- One person, two-arm Mandt standing restraint - staff standing behind the person with the staff's head, chest and hips in contact with the person, holding each of the person's wrists in front of the person's body and holding the forearms away from the diaphragm;
- One-person Mandt side body hug restraint - staff standing to the side of the person with the staff's head, chest and hips in contact with the person, with the staff's hand holding the person's hips on the opposite side and away from the diaphragm, hugging the upper body and holding one of the person's arms against their own body;
- Two person, two-arm Mandt standing restraint – first staff engages a one arm restraint or side body hug (described above); the second staff stands to the side of the person opposite the first staff, places one arm behind the person with a hand to the person's hip, and the second arm in front of the person holding the person's opposite arm or hip;
- Holding a person's hand or arm against their body or object to prevent movement; or
- Holding a person's leg above and/or below a joint to prevent movement of the leg

B. TSE will not allow the use of a manual restraint procedure with a person when it has been determined by the person's physician or mental health provider to be medically or psychologically contraindicated. TSE will complete an assessment of whether the allowed procedures are contraindicated for each person receiving services as part of the service planning required under section 245D.071, subdivision 2, for recipients of basic support services; or the assessment and initial service planning required under section 245D.071, subdivision 3, for recipients of intensive support services.

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IX. Conditions for Emergency Use of Manual Restraint

A. Emergency use of manual restraint must meet the following conditions:
   1. immediate intervention must be needed to protect the person or others from imminent risk of physical harm;
   2. the type of manual restraint used must be the least restrictive intervention to eliminate the immediate risk of harm and effectively achieve safety; and
   3. the manual restraint must end when the threat of harm ends.

B. The following conditions, on their own, are not conditions for emergency use of manual restraint:
   1. the person is engaging in property destruction that does not cause imminent risk of physical harm;
   2. the person is engaging in verbal aggression with staff or others; or
   3. a person's refusal to receive or participate in treatment or programming.

X. Restrictions When Implementing Emergency Use of Manual Restraint

Emergency use of manual restraint must not:
   1. be implemented with a child in a manner that constitutes sexual abuse, neglect, physical abuse, or mental injury;
   2. be implemented with an adult in a manner that constitutes abuse or neglect;
   3. be implemented in a manner that violates a person's rights and protection;
   4. be implemented in a manner that is medically or psychologically contraindicated for a person;
   5. restrict a person's normal access to a nutritious diet, drinking water, adequate ventilation, necessary medical care, ordinary hygiene facilities, normal sleeping conditions, or necessary clothing;
   6. restrict a person's normal access to any protection required by state licensing standards and federal regulations governing this program;
   7. deny a person visitation or ordinary contact with legal counsel, a legal representative, or next of kin;
   8. be used as a substitute for adequate staffing, for the convenience of staff, as punishment, or as a consequence if the person refuses to participate in the treatment or services provided by this program;
   9. use prone, supine or side-lying restraint. "Prone restraint" means use of manual restraint that places a person in a face-down position. "Supine restraint" means use of manual restraint that places a person in a face-up position. "Side-lying restraint" means use of manual restraint that places a person on their side. These do not include brief physical holding of a person who, during an emergency use of manual restraint, rolls into a prone, supine or side-lying position, and the person is restored to a standing position as quickly as possible;
   10. apply back or chest pressure or otherwise inhibit a person's breathing.

XI. Monitoring Emergency Use of Manual Restraint

A. A TSE staff will monitor a person's health and safety throughout an emergency use of a manual restraint. The purpose of the monitoring is to ensure the following:
   1. only manual restraints allowed in this policy are implemented;
   2. manual restraints that have been determined to be contraindicated for a person are not implemented with that person;
   3. allowed manual restraints are implemented only by staff trained in their use;
   4. the restraint is being implemented properly as required; and
   5. the mental, physical, and emotional condition of the person who is being manually restrained is being assessed and intervention is provided when necessary to maintain the person's health and safety and prevent injury to the person, staff involved, or others involved.

B. Only a staff trained in this policy may act as a monitor. When possible, a staff person who is not implementing the emergency use of a manual restraint must monitor the procedure.

C. The documentation of monitoring will be completed for each incident involving the emergency use of a manual restraint, and will be done on the Behavior Intervention Report, section 3.

XII. Reporting Emergency Use of Manual Restraint

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.

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 program's designated coordinator 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 who were involved;
   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 implement. 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.

D. Each single incident of emergency use of manual restraint must be reported separately. A single incident is when the following conditions have been met:
   1. after implementing the manual restraint, staff attempt to release the person at the moment staff believe the person's conduct no longer poses an imminent risk of physical harm to self or others and less restrictive strategies can be implemented to maintain safety;
   2. upon the attempt to release the restraint, the person's behavior immediately re-escalates; and
   3 staff must immediately re-implement the manual restraint in order to maintain safety.

XIII. Internal Review of Emergency Use of Manual Restraint

A. Within 5 business days after the date of the emergency use of a manual restraint, the program 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 by the program to protect the health and safety of persons.

The elements of the internal review will be documented on the Behavior Intervention Report, section 5.

C. Based on the results of the internal review, the program must develop, document, and implement a corrective action plan for the program designed to correct current lapses and prevent future lapses in performance by individuals or the program.

D. The corrective action plan, if any, must be implemented within 30 days of the internal review being completed.

E. The Services Coordinator or Vice President are responsible for conducting the internal review and for ensuring that corrective action is taken, when determined necessary: Services Coordinator, Vice President.

XIV. Expanded Support Team Review of Emergency Use of Manual Restraint

A. Within 5 working days after the completion of the internal review, the program must consult with the expanded support team to:
   1. Discuss the incident to:
      a. define the antecedent or event that gave rise to the behavior resulting in the manual restraint; and
      b. identify the perceived function the behavior served.
   2. Determine whether the person's coordinated service and support plan addendum needs to be revised to:
      a. positively and effectively help the person maintain stability; and
      b. reduce or eliminate future occurrences of manual restraint.

B. The program must maintain a written summary of the expanded support team's discussion and decisions in the person's service recipient record. The elements of the expanded support team review will be documented on the Behavior Intervention Report, section 6.

C. The Services Coordinator or their designees are responsible for conducting the expanded support team review and for ensuring that the person's coordinated service and support plan addendum is revised, when determined necessary.

XV. External Review and Reporting of Emergency Use of Manual Restraint

Within 5 working days after the completion of the expanded support team review, the program must submit the following to the Department of Human Services using the online behavior intervention reporting form which automatically routes the report to the Office of the Ombudsman for Mental Health and Developmental Disabilities:

1. report of the emergency use of a manual restraint;
2. the internal review and corrective action plan; and
3. the expanded support team review written summary.

XVI. Flow Chart for Review and Reporting of Emergency Use of Manual Restraint

Day 1 – Day of incident.
Day 2 – (24 hours) Verbal report of incident to legal representative and county case manager.
Day 3 – Staff submit preliminary copy of Behavior Intervention Report to Services Coordinator.
Day 5 – Completed internal review of Behavior Intervention Report by Services Coordinator.
Day 10 – Consultation with Expanded Support Team.

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Day 15 – Behavior Intervention Report submitted to DHS; hard copy to TSE front office.
Day 17 – hard copy to Expanded Support Team, TSE Human Rights Committee
Day 35 – Corrective actions, if any, implemented.

XVII. Staff Training

Before staff may implement manual restraints on an emergency basis, TSE will provide the training required in this section.

A. TSE will provide staff with orientation and annual training as required in Minnesota Statutes, section 245D.09.
   1. Before having unsupervised direct contact with persons served, TSE 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; and
      e. the safe and correct use of manual restraint on an emergency basis according to the requirements in the 245D HCBS Standards, section 245D.061 and this policy.
   2. Within 60 days of hire, TSE will 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. simulated experiences of administering and receiving manual restraint procedures allowed by the program on an emergency basis;
      d. how to properly identify thresholds for implementing and ceasing restrictive procedures;
      e. how to recognize, monitor, and respond to the person's physical signs of distress, including positional asphyxia;
      f. the physiological and psychological impact on the person and the staff when restrictive procedures are used;
      g. the communicative intent of behaviors; and
      h. 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 TSE's 245D-HCBS license became effective on Jan. 1, 2014.

C. TSE will maintain documentation of the training received and of each staff person's competency in each staff person's personnel record.

Legal Authority: MS §§ 245D.06, subd. 5 to subd, 8; 245D.061

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